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Situation Analysis of the Knowledge, Attitudes and Behavior of Stakeholders and Key Target Groups Regarding the Family Planning Program in the Philippines

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ABBREVIATIONS

ADB	-	Asian Development Bank
AIDS	-	Acquired Immune Deficiency Syndrome
ASEAN	-	Association of South East Asian Nations
ARMM	-	Autonomous Region for Muslim Mindanao
BHW	-	Barangay Health Workers
CPR	-	Contraceptive Prevalence Rate
DOH	-	Department of Health
FGD	-	Focus Group Discussion
FP	-	Family Planning
FPOP	-	Family Planning Organization of the Philippines
FPS	-	Family Planning Survey
GNP	-	Gross National Product
HRD	-	Human Resource Development
IEC	-	Information, Education and Communication
IUD	-	Intra-Uterine Device
ICPD	-	International Conference on Population and Development
KAP	-	Knowledge and Practice gap
NCR	-	National Capital Region
NDHS	-	National Demographic and Health Survey
NGO	-	Non – Government Organization
NSO	-	National Statistics Office
OOE	-	Office of Oversight and Evaluation
PLCPD	-	Philippine Legislators Committee on Population and Development
PPMP	-	Philippine Population Management Program
POPCOM	-	Commission on Population
POP-ED	-	Population Education
SSRI	-	Social Science Research Institute
STD	-	Sexually Transmitted Diseases
UNFPA	-	United Nations Population Fund
USAID	-	United States Agency for International Development

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EXECUTIVE SUMMARY

The initiative for this research study came from the Social Acceptance Project of the Academy for Education and Development (AED) which has been launched by USAID as part of the continuing reexamination of the Philippine Population Management Program (PPMP) and in response to the Cairo Declaration calling for fresh initiatives and approaches not only for women but also other key stakeholders such as men and youth. The re-focusing of the country's population program calls for no less than the creation of a climate of public opinion that supports and encourages couples to practice effective family planning methods in vast enough numbers that will impact the country's run-away population growth that is considered to be the highest in Southeast Asia.

In the light of these social communication issues and concerns, the Social Acceptance Project had come up with the following approaches to "internalize" the small family norm and use of modern contraceptive methods among Filipinos through:

a) Increase health literacy and improve the flow of accurate information about family planning;
b) Increase dialogue about family planning and the credibility of health providers and the medical profession as sources of information;
c) Raise the cultural legitimacy of family planning practice; and
d) Build local capacities.

This report in turn, was designed to:

- provide a basic review of the psychological, sociological and cultural factors that may result in the practice or non-practice of family planning;

- briefly analyze the issues and concerns that explain how communication interventions can lead to behavioral change, client satisfaction, and other desired results for the Social Acceptance Project;

- come up with a list of recommendations that can be used for future researches and/ or monitoring and evaluation of proposed IEC interventions;

Our review of the population researches with regards to people's Knowledge, Attitudes and Practices of family planning revealed that stakeholders such as men, youth, service providers and influentials or opinion leaders have not been dealt with sufficiently in the past. The demographic and family planning surveys of the last decade have focused exclusively on women. For these other groups of

stakeholders, much of the studies have been qualitative or case study types which are handicapped by their lack of generalizability. A brief listing of the main findings of the study include the following:

A. The family planning program had not made any substantial gains among the ranks of the poor. They are least likely to use modern methods and even women with means who can afford modern methods outnumber the poor in the use of traditional contraceptives

B. Traditional methods such as rhythm and withdrawal is making a resurgence as indicated in the 2002 National Family planning Survey which means a step back for the PPMP because it brings us farther away from the goal of achieving 60% of safe and reliable methods by 2005.

C. The use of a family planning contraceptive is more likely when the spouse or husband approves or supportive of the woman's decision. It is evident that family planning is better sustained when spouses are in agreement or supportive of each other.

D. The use of FP methods for many women have been emancipatory, freeing them to do activities outside their household chores and giving them a sense of self-respect and feeling of being able to control their own lives.

E. Men must be mainstreamed into the PPMP given their very low practice of family planning which were related to their lack of involvement and lack of services geared for men in local FP clinics. Moreover, men also affect the decision of their spouses to practice or not to practice family planning.

F. There are large numbers of high risk youth that are sexually active but are not knowledgeable and are non-users of modern means of contraception

G. Government health service providers suffer from the lack of support by local governments whose priority is not reproductive health and by low public esteem.

H. Policy makers must translate their support for the population program into concrete action which is not happening right now. Advocacy and lobbying effort would be needed to push forward the implementation by government of a rational and comprehensive FP plan of action at the national, provincial and municipal levels.

Finally, the study recommended the following areas/ topics for further research:

1. Create parallel data bases on the KAP of stakeholders such as men, youth, service providers and policy-makers similar to the national demographic and health surveys and family planning surveys that have primarily focused on women needs and concerns. It is also important that emphasis should be given for priority research funding for such type of studies instead of small-scale or area studies.

2. Develop more accurate and in-depth measures of FP KAP indicators that are to be included in National Demographic and Health Surveys (NDHS) and Family Planning Surveys or periodic census of the population. What may be needed is to convene a KAP standards committee that will formulate a set of questions on FP KAP that can in turn be used as a common reference for future NDHS or FP surveys.

3. The research agenda should also include in-depth or case studies focusing on emerging and new issues regarding the various stakeholders; i.e., ethnographic or culture based studies that can explain why FP, for example, is very successful in Region II or Cagayan Valley , or the paradox of why highly educated and economically better-off women continue to use traditional methods of contraception when they have all the information and resources available to make their choice from a wide range of more reliable and medically safe FP methods such as pills and IUD, for example.

4. More studies, both quantitative and qualitative (case studies) should be done on the Filipino male and the conflicts that they confront with regards to their support and practice of family planning. Some lessons can be learned here from commercial marketing of products directed at male consumers, which are highly successful in reaching out to them. For several years now, a USAID sanctioned private initiative to sell condoms in the open market have been conducted in the major cities such as Metro Manila and it is perhaps, opportune to take a serious looks at the outcomes and impact of this program as it may help to define for us the Filipino male psyche and how this can be accessed for FP programs in the future.

5. The urban poor appears to be the bane and future opportunity for the PPMP. It is where the program had failed to live up to its expectations considering that FP practice among the poor is the lowest among the socio-economic groups. This is ironic since the urban poor are located in population centers where you have the greater concentration of health services, health personnel and communications. In the country's biggest city, Quezon City, about half of the residents are estimated to belong to the urban poor and large numbers of them reside in the two other biggest cities of Manila and Caloocan.

6. Policy advocacy research on FP is a missing link in present efforts to mobilize the country in support of the PPMP and its strategic goals. Current efforts have been limited to the activities of the PLCPD based in the House of Representatives and its efforts in getting FP supportive legislation have not been successful. There should be a careful analysis of the reasons behind PLCPD's failure and to build from it into developing a broader based advocacy program that includes not only the legislative but also the Executive and the Judiciary as well as leading members of the business community, NGOs and mass media. The case in point here is the fate of the reproductive rights bill that have been languishing in Congress since the time of former President Fidel V. Ramos. A new tack needs to be developed that may not necessarily push for the passage of the bill in its present form but in more diffused versions and incorporated into existing legislative vehicles such as the amendments to the Local Government Code or in local legislations at the provincial, city and municipal levels.

I. INTRODUCTION

The Commission on Population (POPCOM) in its first *State of the Philippine Population Report (SPPR)* published in 2000 in cooperation with the United Nations Population Fund (UNFPA) raised the alarm over the country's untrammeled population increase that, if remained unchecked, would double the number of Filipinos in less than 30 years.

Based on the Census of Population and Housing conducted decennially by the National Statistics Office, the total population of the Philippines as of May 1, 2000 was 76,504,077 persons. This was higher by 7,887,541 persons or about 10.31 percent from the 1995 census (with September 1, 1995 as reference date). It was 10 times the Philippine population in 1903 when the first census was undertaken.

The expansion of the Philippine population reflected a 2.36 percent average annual growth rate in the 1995-2000 period. This figure recorded a slight increase from a declining growth rate that started in the first half of the seventies. The last increase recorded in population growth rates was during the period 1948 to 1960 at 3.07 percent. The recent growth rate was 0.04 percentage point higher than the annual growth during the early part of the nineties. If the average annual growth rate continues, the population of the Philippines is expected to double in 29 years.

Of the 16 regions comprising the Philippine archipelago, Southern Tagalog (Region 4) was the biggest in terms of population size, registering a total population of 11,793,655 persons accounting for 15.42 percent of the Philippine population. The National Capital Region (NCR) followed with 9,932,560 persons or 12.98 percent of the total population. Central Luzon (Region 3) registered the third largest population with 8,030,945 persons or 10.50 percent of the total population. These three regions combined comprised 38.90 percent of the total population.

Highest growth rate and population size by province/city

There were five regions in the country which registered a population growth rate higher than the national level of 2.36 percent. These regions included Southern Tagalog (Region IV), 3.72 percent; Central Luzon (Region III), 3.20 percent; Central Visayas (Region VII), 2.80 percent; and Southern Mindanao (Region XI), 2.60 percent. The Autonomous Region for Muslim Mindanao, ARMM, one of the country's poorest areas registered the highest growth with 3.86 percent.

Among the 78 provinces in the country, the following provinces have surpassed the two millionth population mark: Pangasinan (2.43 million persons) of Region I (Ilocos), was the largest in terms of population size. Cebu (2.38 million persons), Bulacan (2.23 million persons), Negros Occidental (2.14 million persons) and Cavite (2.06 million persons) followed. Of the 21 provinces with more than one million population, 13 provinces were in Luzon, five in Visayas and three in Mindanao.

Across cities, three out of 12 cities in the National Capital Region (NCR) and one in Mindanao have surpassed one million population. Quezon City had the largest in terms of population size, contributing 2.17 million to the Philippine population. It was followed by Manila (1.58 million persons) and Caloocan City (1.18 million persons). Outside NCR, Davao City broke the millionth mark at 1.15 million persons.

Negative Consequences of Runaway Population Growth

The Philippine population had a median age of 21 years, which meant that half of the population were below 21 years old. The age structure of Philippine population was a broad base at the bottom consisting of large numbers of children and a narrow top made up of relatively small number of elderly. Young dependents belonging to age group 0 to 14 years comprised 37.01 percent. The old dependents (65 years and over) accounted for 3.83 percent, while 59.16 percent comprised the economically active population (15 to 64 years). This meant that for every 100 persons in the working age group (15-64 years), they had to support about 63 young dependents and about six old dependents. The end result is a reduction in the country's economic productivity since the young cannot be expected to contribute to the country's national income in a meaningful way.

Untrammeled population growth also worsens the country's poverty and with the young taking the brunt of its ill effects. Based on a 1998 national demographic survey, about 36 infants out of every 1,000 live births died before their first birthday and these are more pronounced among families whose incomes are below subsistence levels. As for the children of the poor who survived their infancy, making their way through life could be very tough considering that the country average shows that only six out of every ten pupils who enter Grade I are able to make it to Grade 6. Among those who are qualified to enroll for high school, only four out of 10 are able to enroll due to poverty and that overall, the incidence of drop-outs among the poor is significantly higher.

The Struggle to Check the Population Growth Rate

The Family Planning (FP) program in the Philippines has been in existence for more than 30 years starting with such private initiatives as the Family Planning Organization of the Philippines (FPOP) and the subsequent creation of the Commission on Population or POPCOM under the Office of the President in the 1970's that placed the issue of population growth in the country's policy agenda. The FP program focus then was to create public awareness of the availability of contraceptive delivery services, the legitimacy of contraception and the need for controlling family size. Awareness-generating strategies worked well at the start and gave the population program a firm foothold in the social and cultural consciousness of the nation. Yet the rise in people's awareness and/or knowledge was never matched by similar increased in the use of modern methods of contraception. By the late-1980's the Philippines experienced what observers noted as a plateau in the growth of its contraceptive prevalence rate

(CPR). More current data on the country's population showed that the practice of family planning had remained somewhat stagnant with only slight increases in the mid-Nineties to the present of the number of acceptors for modern contraceptives, in particular.

For example, Family Planning Survey (FPS) results from 1995 to 2000 reveal a decline in the CPR, from 50.7 percent in 1995 to 47.0 percent in 2000. The same rate of contraceptive use was recorded in the 1997 FPS and in the 1998 National Demographic and Health Survey (NDHS). The 1999 FPS estimate for the CPR (49.3%) was a marked improvement, particularly the prevalence rate of modern methods (from 28.2% in 1998 to 32.4% in 1999 as seen in Table 1):

Table 1
Contraceptive prevalence rate, Philippines: 1995-2000

Year	Any Method	Modern Method	Traditional Method
1995	50.7	25.5	25.2
1996	48.1	30.2	17.9
1997	47	30.9	16.1
1998	46.5	28.2	18.3
1999	49.3	32.4	16.9
2000	47	32.3	14.7

*Based from the 1998 National Demographic and Health Survey, which used a different sampling design.
Sources: NSO, 1995-1997, 1999-2000 Family Planning Survey
NSO, 1998 National Demographic and Health Survey

In response to this, much effort went into reexamining the national family planning/ population programs to identify possible reasons and solutions for the lull in the previously rising contraceptive-prevalence trend. The International Conference on Population and Development (ICPD) held in Cairo in 1994, provided a new orientation to the field of international population and to the Philippine FP program in particular. Whereas much of the work prior to Cairo was aimed at increasing contraceptive use and decreasing fertility, Cairo brought a renewed emphasis to women's reproductive rights, informed choice, client-oriented services, and satisfaction of reproductive intentions. This orientation is not inconsistent with increased contraceptive use, since it is assumed that greater client satisfaction will result in greater contraceptive continuation. Among the new program directions that came out of such deliberations were the integration of population programs with other development programs and the expansion of delivery systems by exploring new avenues such as the use of commercial resources, community-based distribution programs and social marketing approaches.

UNFPA's Office of Oversight and Evaluation (OOE)[1] conducted a review in 1998 to assess progress to date in implementing the reproductive health approach of

[1] Office of Oversight and Evaluation , *"Implementing the Reproductive Health Vision: Progress and Future*

the 1994 International Conference on Population and Development (ICPD) Programme of Action and to propose modalities for improving the effectiveness, efficiency and the strategic direction of UNFPA's support of reproductive health programmes. The review was based on a sample of six countries which included the Philippines. Six principal areas were studied: the policy and legal environment; the organization and management of the reproductive health activities; access to and quality of reproductive health services; information, education, and communication (IEC) activities; increasing awareness of reproductive health components and services.

One of their recommendations was that there is a real need to increase utilization of key reproductive health services, which is low everywhere. According to their report, "To do this, communication strategies need to focus much more on understanding the socio-cultural values that guide people's, including service providers', attitudes and behaviors; and on deepening their knowledge as to what reproductive and sexual health is, what determines it, and how it can be achieved. Communication strategies need to attempt to change attitudes and behaviors.

Challenges for UNFPA", published in **Evaluation Findings**, United Nations Population Fund Issue 20, July 1999.

II. REORIENTING FAMILY PLANNING

The Cairo Declaration also underscored that a comprehensive viewpoint is needed to understand why people choose to practice or not to practice family planning which is a departure from the microeconomic framework, that views reproductive responses through the calculus of optimizing behavior, which has been a major tool for the analysis of fertility behavior for the last three decades. According to Indu Bhushan[2], a project economist from the Asian Development Bank (ADB), "the microeconomic analysis assumes that couples have perfect, or complete and accurate information about the benefits from and the costs of both children and contraception. Under the basic assumptions of this framework, couples decide to have an additional child only when the net benefits from having the child or the difference between the future streams of benefits and costs are positive and greater than those of alternative investments. Avoiding the monetary costs of contraception is one of the benefits of childbearing. However, many authors note that the cost of contraception constitutes a very small proportion of a household budget. Therefore, conventional economic analyses conclude that unwanted fertility cannot exist in any significant measure because the cost of avoiding a child is extremely small relative to the cost of having and rearing a child."

But the fact remains that there exists the gap between people knowing and desiring to limit the number of their children and their actual practice of family planning. This is the so called "FP Knowledge and Practice Gap" that is currently known as "unmet need" that described people who desire to have fewer children but are not practicing family planning at present. What is required, therefore, according to Bushan (1997), is to consider fertility decisions as coming from the perceived rather than actual costs of contraception and the perceived probability of conception. Unlike the actual economic cost, the perceived cost of contraception can be quite substantial and can entail ***sociological, psychological, and physiological costs*** (Bogue 1983; Schearer 1983 as cited in Bushan: 1997).

People's Perceptions as the Determining Factor

According to Bushan, "The perception of costs associated with contraceptive use depends upon the characteristics of a couple and their community. For example, for women whose husbands approve of family planning, the disutility associated with contraceptive use may be lower than that for those whose husbands do not approve. Similarly, educated women may know more about contraceptives and feel more confident in approaching service providers than poorly educated

[2] Bhushan, I., Understanding Unmet Need. Working Paper Number 4. Baltimore, Johns Hopkins University School of Public Health, Center for Communication Programs, November 1997.

women. Consequently, the perceived costs of contraception may differ." A relatively high perceived cost of contraception—cost defined in broad terms to include health, sociological, and psychological considerations—may lead one to practicing or not practicing family planning. As an alternative to the purely microeconomics view of fertility decision-making, he proposed, in place of the purely economic framework, the following formulation that place a high premium on the social, psychological and cultural factors paving the way for a clear and unequivocal role for communication or IEC intervention in promoting family planning behavior as shown below:

Classification of Perceived Costs of Contraception

Components of the perceived cost of contraception can be categorized as follows:

1. Economic Costs

- Search and information acquisition
- Out-of-pocket cost
- Travel and time costs
- Recurrent follow up and revisit costs

2. Physiological and Psychological Costs

- Discomfort
- Fear of permanent or serious damage to health
- Anxiety over contraceptive failure
- Perceived irreversibility of method

3. Social, Familial, and Personal Costs

- Threat to social norms
- Nonconformity with religious and moral beliefs
- Social disapproval and fear of sanction
- Threat to familial harmony
- Disharmony in the extended family
- Need to communicate with spouse about sex
- Spousal opposition to contraception
- Threat to personal adjustment
- "Loss of inner control"
- Threat to sexual pleasure and spontaneity
- Fear of approaching service providers
- Violation of modesty and privacy in sexual matters
- Contravention of expected gender role

The Social Acceptance Project

It is in the light of the reexamination of the Philippine Population Management Program and in response to the Cairo Declaration calling for fresh initiatives and

approaches not only for women but also other key stakeholders such as men and youth, that the Social Acceptance Project or the *Project on Strengthening the Social Acceptance of Family Planning in the Philippines,* becomes timely indeed. The Social Acceptance Project could tap into the accumulated socio-cultural and economic lessons of the last three decades of the Philippine population program and transform the use or practice of modern contraceptive methods into something that is internalized in the lifestyle of the populace – for family planning to be considered as "routine" and "unexceptional". What this calls for is creating a climate of public opinion that supports and encourages couples to practice effective family planning methods in vast enough numbers that can impact the country's run-away population growth that is considered to be the highest in Southeast Asia.

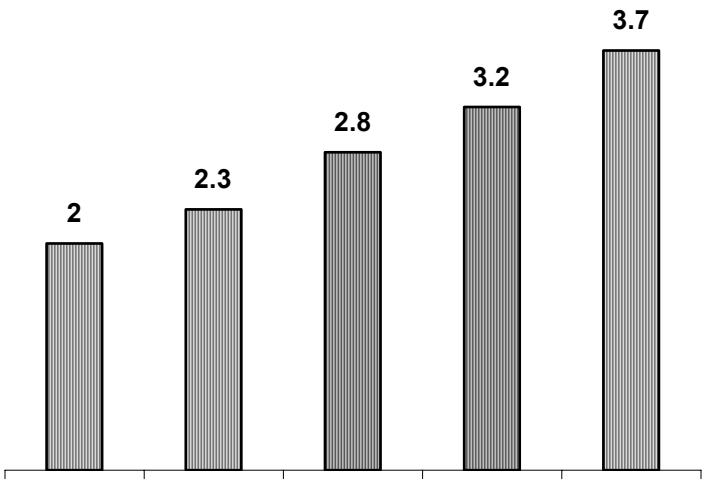
Given the lackluster performance of the Philippine population or family planning program in the last decade, the main communication task is no longer that of simply informing people about the need for family planning and the availability of services. Among the new goals that ought to be considered that have been drawn from the contemporary literature on population and family planning mentioned above are: a) identification and understanding of unmet need and "problem groups" b) development of a segmented approach to reach and motivate "hard-core" audiences so that they would become continuing users of contraception and c) exploration of the most efficient mix of communication approaches for each audience or audience segmentation. It is in the light of these issues and concerns that the Social Acceptance Project had come up with the following approaches to "internalize" the small family norm and use of modern contraceptive methods among Filipinos through:

e) Increase health literacy and improve the flow of accurate information about family planning;
f) Increase dialogue about family planning and the credibility of health providers and the medical profession as sources of information;
g) Raise the cultural legitimacy of family planning practice; and
h) Build local capacities.

Part of the Social Acceptance Project's initial activities is the undertaking of this present review of population IEC-related researches in the Philippines during the last decade with particular emphasis on the psychological, sociological and cultural factors that may explain the reasons why the country's family planning program failed to gain ground among most Filipinos. Comparatively speaking, the country lags behind the other countries of ASEAN whose population programs are far more successful or effective as shown in Figure 1. Family planning started in the 1970's in both Thailand and the Philippines, for example, but whereas the former had been able to stabilize its population growth, the Philippines by far still lags behind and with Thailand (better population control

had been noted by observers as a major factor) also surpassing the Philippines in terms of economic expansion of its GNP or Gross National Product.

Figure 1: TOTAL FERTILITY RATES IN SELECTED COUNTRIES IN SOUTHEAST ASIA



Source: 1997 Indonesia NDHS, 1998 Philippine NDHS, 1998 World Population Sheet, Population Reference Bureau

PURPOSE OF THIS REPORT

This report is designed to:

- provide a basic review of the psychological, sociological and cultural factors that may result in the practice or non-practice of family planning;
- briefly analyze the issues and concerns that explain how communication interventions can lead to behavioral change, client satisfaction, and other desired results for the Social Acceptance Project;
- come up with a list of recommendations that can be used for future researches and/ or monitoring and evaluation of proposed IEC interventions;

III. METHODOLOGY

The review of communication or IEC related studies on family planning KAP among Filipinos covered the period 1990 to the present using available documents gathered from the following institutions and agencies (*The research studies covered are listed in Appendix I: Bibliography):*

1. The Department of Health
2. Commission on Population
3. Population Institute, University of the Philippines
4. Philippine Information Agency
5. College of Mass Communication, University of the Philippines
6. Philippine Center for Population and Development
7. John Hopkins University (JHU) PCS, Manila Office
8. The Reach Out Health Foundation
9. Friendly Care Foundation, Inc.
10. Philippine Social Science Council

The research review focused on the following target audiences and stakeholder groups:

a. Women
b. Men
c. Adolescents and Young Adults
d. Healthcare Providers
e. Influentials and Opinion Leaders

The analysis follows from the tradition of behavior theories that provide explanations of why people behave as they do. Three theories have been influential in guiding communication for behavior change programs according to Bertrand and Kincaid (1996)[3]. These are Bandura's *Social Cognitive* (formerly *Social Learnin*g) *Theor*y, Azjen and Fishbein's *Theory of Reasoned Actio*n, and Becker's *Health Belief Mode*l. There is considerable overlap in constructs from these theories, and a core set of constructs or factors (also called "determinants") emerge from them that can be used to guide formative research, intervention design, and evaluation. Figure 2 illustrates the primary factors associated with behavior change (from Bertrand and Kincaid: 1996)[4].

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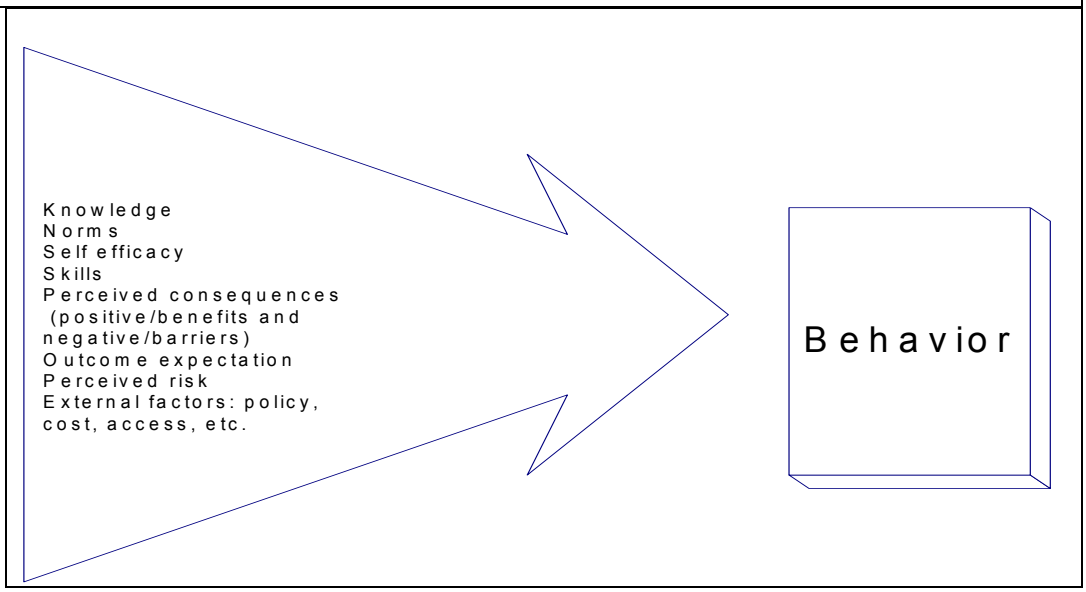
[3] Jane T. Bertrand and D. Lawrence Kincaid, EVALUATING INFORMATION-EDUCATION-COMMUNICATION (IEC) PROGRAMS FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH: Final Report of the IEC Working Group, Carolina Population Center, University of North Carolina at Chapel Hill, Tulane University Center for International Health and Development and School of Public Health and Tropical Medicine, and The Futures Group, , October 1996

[4] Op. cit.

FIGURE 2: DETERMINANTS OF BEHAVIOR CHANGE



Source: Academy for Educational Development (as cited in Bertrand and Kincaid: 1996)

In our discussion of the results of our research review, there will be constant use of the following terms or concepts which we would like to define as follows:

KNOWLEDGE: The respondent' s recall of at least one family planning method or recognition of at least one FP method as this is being described by the interviewer (in the 1998 NDHS for, example, the respondents were asked: "Which ways or methods have you heard about?")

ATTITUDE: Opinions or perceptions of family planning methods including perceived positive or negative consequences on its use as well as communicative behavior such as talking or endorsing a family planning method to someone.

PRACTICE: Respondents having tried a contraceptive and/ or continued use of a family planning method as indicated by the contraceptive prevalence rate (CPR).

Limitations of the Study

This review is based on available studies, reports and papers coming from institutions or agencies involved in the Philippine population program. The list of institutions was far from exhaustive and there may have been studies that have been missed due to their unavailability or difficulty in locating them due to the limited time for data gathering.

Moreover, the data on the Knowledge, Attitudes and Practices of family planning aspects of target audiences and stakeholders such as men, youth, service providers and influentials or opinion leaders have not been dealt with sufficiently in the past demographic surveys (which are mainly directed at women) and so we have to resort to drawing inferences from the scant data that were available.

It must be also be noted here that we have not come across any national survey of FP communication or IEC study done in the past decade that addresses specifically the KAP of youth, men, health providers and public officials such as local government executives with regards to family planning methods or contraceptives. Moreover, even the National Demographic and Health Surveys (NDHS) and Family Planning Surveys that specifically target women respondents showed only scant information on the psycho-social and cultural factors that may explain their behavior (women) with regards to family planning.

The studies that were reviewed included quantitative researches as well as qualitative research or case studies. The primary source for national-level KAP for women in particular were the periodic National Demographic and Family Planning Surveys. There were also other national surveys or studies on the youth, for example, but they provided only cursory information on FP KAP. Much of the data on the other stakeholder groups were case studies or localized to a particular province or region. These studies made use of surveys as well as focus group and key informant interviews. Their small sample sizes however, and lack of national scope make generalizations from them rather risky.

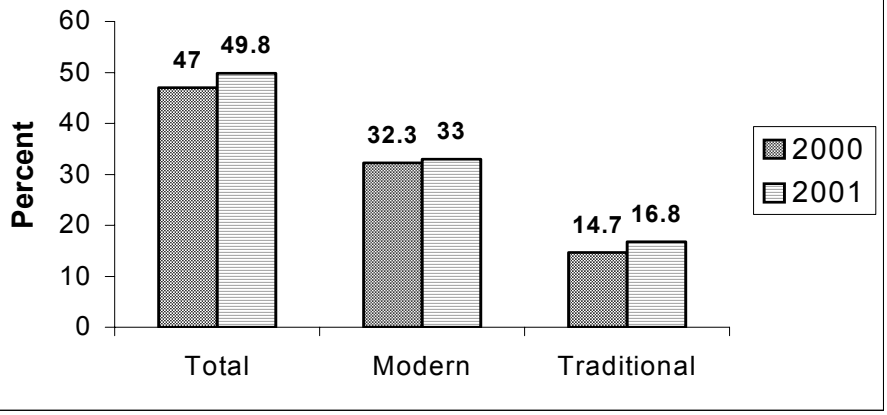
Some of these studies we covered were from secondary sources or are merely cited in a report or published material so specific details about the methodology of the research, number of respondents or area coverage cannot be provided. For the most part, though, we tried to present the details of the research scope and coverage for added information. Overall, looking at the last decade of IEC related researches in the Philippines, we found out that the level and number of researches involving national samples and the communication factors covered or the quality of information (communication factors and socio-psycho-cultural determinants researched on) have been fewer than expected from such a long-running program such as the Philippine Family Planning/ Population programme. We believe that serious consideration should be given in the future to the need for intensifying the quantitative and socio-cultural measures needed to develop a first-rate data base on family planning KAP in the Philippines.

IV. WOMEN'S PRACTICE OF FAMILY PLANNING

1. The latest FP survey in 2001 showed some increase in the contraceptive prevalence rate (CPR) compared with the previous year. The increase, however, came mainly from *traditional methods such as rhythm and withdrawal, which* is a step back or retrogression from the more reliable modern methods. Although the pill remains as the most popular contraceptive method, female sterilization that was second place in 2000 had been replaced by rhythm in 2001.

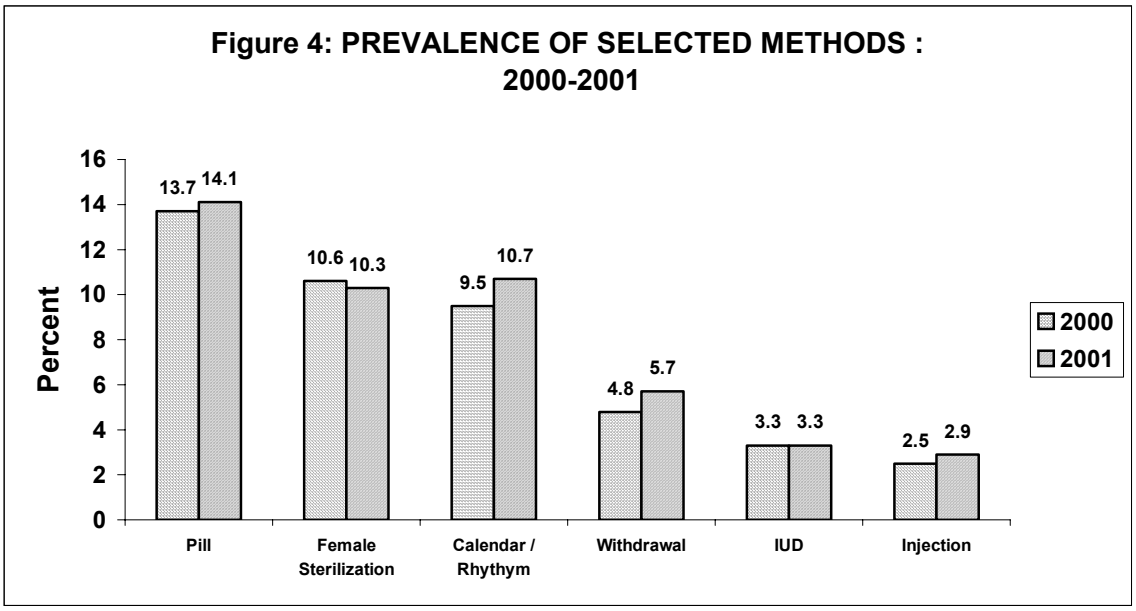
The 2001 Family Planning Survey is a joint undertaking between the National Statistics Office and USAID covering a total of 30,122 women 15 to 49 years of age nation-wide. The survey results showed that the contraceptive prevalence rate (CPR) or the proportion of married women 15-49 years reporting current use of contraceptives is up by 2.8 percentage points, from 47.0 percent in 2000 to 49.8 percent in 2001 (Figure 3). This significant increase is primarily caused by the increase in the prevalence rate for traditional methods (14.7% to 16.8%), particularly calendar rhythm (9.5% to 10.7%) and withdrawal (4.8% to 5.7%) as shown in Figure 4. The use of modern methods also increased very slightly from 32.3 percent to 33.0 percent.

Figure 3: CONTRACEPTIVE PREVALENCE RATE 2000-2001



Source: 2001 Family Planning Survey (FPS) conducted by the National Statistics Office with funding assistance from the United States Agency for International Development (USAID).

The pill remains as the most popular contraceptive method among currently married women with 14.1 percent using this method. Calendar/rhythm (10.7%) ranks second and female sterilization (10.3%), which ranked second in 2000, drops to third in 2001. Withdrawal method showed noticeable increase from 4.8% to 5.7% in 2001 and is the fourth most widely used method, followed by IUD (3.3%) and injection (2.9%).

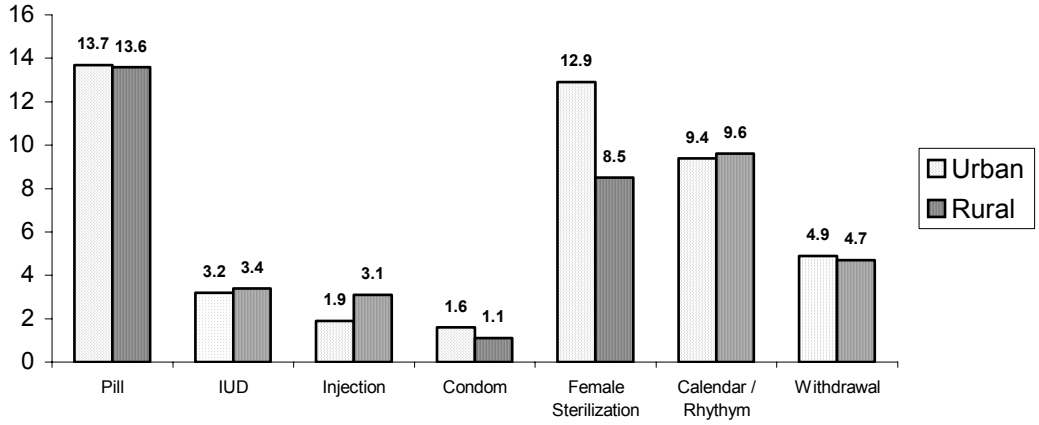


Source: 2001 Family Planning Survey (FPS) conducted by the National Statistics Office with funding assistance from the United States Agency for International Development (USAID).

2. There is no marked difference in the use of modern contraceptives such as the pill, IUD and condom in both urban and rural areas. This is also true for the traditional methods of rhythm and withdrawal. Only in female sterilization are the numbers significantly weighed more towards urban areas. One reason may be due to the fact that there are more health facilities in the urban areas that can handle this surgical procedure.

For the most part, urban and rural use of family planning methods is just about the same for such contraceptives as the pill, IUD, condom, rhythm and withdrawal. The only marked difference is in the higher prevalence of female sterilization in urban areas than in rural areas (12.9% versus 8.5%). Also, more rural women (3.1%) prefer the use of injection than urban women (1.9%). Among urban women, the three most applied FP methods are pills, sterilization and rhythm. For rural women, these are pill, rhythm and sterilization. Withdrawal is the fourth most practiced method in both rural and urban areas, besting the modern contraceptives such as IUD, injection and condom.

Figure 5: PERCENTAGE OF WOMEN USING METHOD BY URBAN OR RURAL RESIDENCE



Source: 2000 Family Planning Survey

3. Women from poor households lagged behind their "better-off" counterparts in the use of family planning methods. This is evident for modern methods where most of the gap exists. Moreover, the economically advantaged women also outnumber the "poor" women in the use of traditional methods. This poses a paradox of sorts since women who by their economic position can afford or access any kind of contraceptives still choose traditional methods such as rhythm and withdrawal which are unreliable and more cumbersome to use.

Women in poor households (40.1%) are less likely to practice family planning than those in non-poor households (50.2%). (Please see Figure 6). This difference is due mainly to a higher prevalence of female sterilization among non-poor women than among poor women (13.2% versus 5.1%) (Please see Table 2).

The pill is the most preferred contraceptive method for both poor (13.3%) and non-poor women (13.8%). Female sterilization is the second most preferred method among the non-poor women (13.2%) while it is calendar/rhythm among poor women (9.4%). But on the other hand, the non-poor women are also practicing rhythm in more numbers (9.6%), which makes them as vulnerable to the rhythm's inconsistency and long record of failures (Table 2).

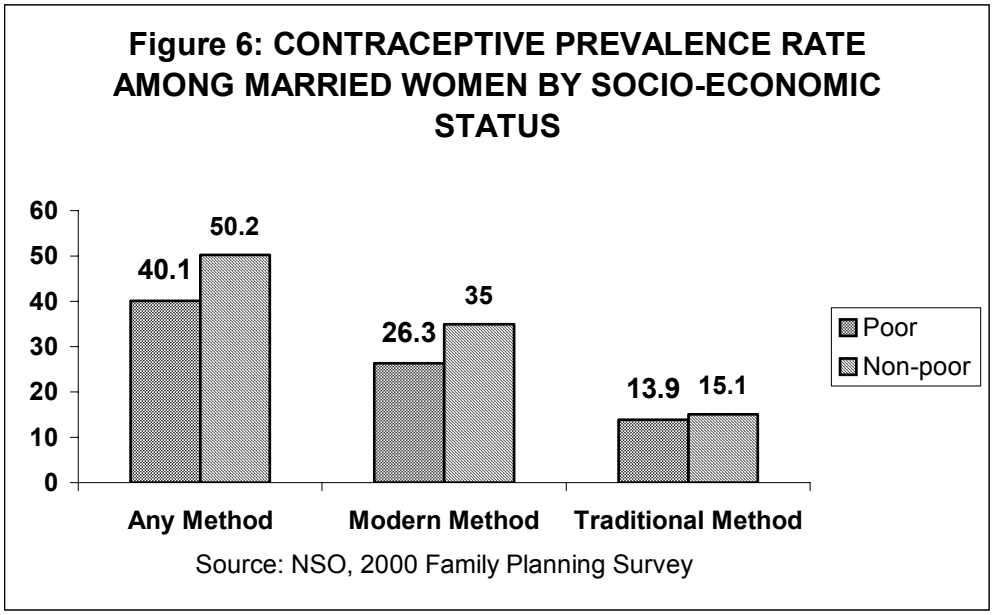


Table 2
Contraceptive prevalence rate among married women by current contraceptive method used, by five-year age group, according to socio-economic status, Philippines : 2000

Age Group	Any Method	MODERN METHOD										
		Any Modern Method	Pill	IUD	Injection	Diaphragm / Foam / Jelly Cream	Condom	Female Sterilization	Male Sterilization	Mucus / Billings / Ovulation	Temperature	LAM
POOR												
Total	40.1	26.3	13.3	3	3	0.1	0.8	5.1	0.1	-	-	0.9
15-19	18.3	9.2	4.5	2	1.2	-	0.6	-	-	-	-	0.8
20-24	36.1	26.2	14.3	2.9	6	-	0.4	1	-	-	-	1.6
25-29	42.2	32.2	20	4	4.2	-	0.9	2.1	-	-	0.1	0.9
30-34	45.7	31.7	19.1	5	2.7	0.2	0.5	3.1	-	-	-	1.1
35-39	47.8	29.8	13.8	2.5	3.8	0.1	1.3	6.9	-	-	-	1.4
40-44	39.8	22.1	6.9	1.8	1.9	-	1.2	9.8	0.1	-	-	0.4
45-49	24.2	12.9	3.3	1.2	0.5	-	0.4	7.2	0.3	0.1	-	-
NON-POOR												
Total	50.2	35	13.8	3.4	2.3	-	1.6	13.2	0.2	0.1	-	0.4
15-19	25.4	19.8	13.8	0.7	3.3	0.2	0.6	-	-	-	-	1.2
20-24	39.1	28.8	18.5	3.6	3.1	-	1.6	0.9	-	-	-	1.1
25-29	49.6	36	21.9	4	4.1	-	1.6	3.3	0.2	-	-	0.9
30-34	56.2	39.7	20.4	5.2	2.6	-	2.2	9	0.1	-	-	0.2
35-39	57.3	39.2	15	4.3	2.4	0.1	1.8	15	0.2	0.3	-	0.2
40-44	54.1	35.9	7	2.4	1.5	-	1.2	23.4	0.3	-	-	0.1
45-49	38.5	27.2	2	1.1	0.4	-	1.1	21.8	0.5	-	-	0.1

	TRADITIONAL METHOD			
	Any Traditional	Calendar / Rhythm	Withdrawal	Other
POOR				
Total	13.9	9.4	3.8	0.7
15-19	9.1	3	5	1.2

20-24	9.9	6.7	2.2	0.9
25-29	10	6.3	3.4	0.4
30-34	14	9.9	3.4	0.6
35-39	18	12.5	5.3	0.3
40-44	17.7	11.4	4.9	1.3
45-49	11.3	8.4	1.9	1
NON-POOR				
Total	15.1	9.6	5.3	0.2
15-19	5.6	2.4	3.1	-
20-24	10.3	4.7	5.4	0.1
25-29	13.6	7.7	5.6	0.2
30-34	16.5	11	5.3	0.2
35-39	18	11.6	6.4	0.1
40-44	18.2	12.4	5.3	0.4
45-49	11.3	7.3	3.6	0.3

Note: Married women include women whose marital status is 'living together'. Poor and non-poor classification is based on the score that indicates the household's socio-economic standing. This score was calculated based on the responses in the FPS on the presence of housing conveniences.
Source: National Statistics Office, 2000 Family Planning Survey

4. The lack of formal education, and this is most pronounced among the poor, could also be a barrier in the practice of family planning. Women who had not completed elementary education are more likely of not practicing any contraception at all. On the other hand, women with elementary education or higher tend to use FP contraceptive methods, most notably modern contraceptives. But there still remains a sizeable number of educated women (college level or higher) who still cling to traditional FP methods and are still vulnerable to the high failure rate of such methods.

The use of family planning methods is most popular among elementary (49.5%) and high school graduates (49.5%) and is least popular among women who did not complete any grade (39.5%). Yet on the other hand, the level of use of traditional methods among women with college education (graduates) tend to even exceed the number of women with no grade completed (14.3% vs. 12.1%).

Table 3
Percent Distribution of currently married women by current contraceptive method used, By selected background characteristics, Philippines : 2000

Selected Background Characteristics	Percent Using			Percent Not Using	Total
	Any Method	Modern[1]	Traditional[2]		
Education					
No Grade Completed	39.5	27.4	12.1	60.5	100
Elementary	46.2	31	15.3	53.8	100
Grade I to V	46.3	30.6	15.7	53.7	100
Graduate	49.5	34.7	14.8	50.5	100
High School	48.4	33.8	14.5	51.6	100
1st to 3rd Year	47	32.8	14.2	52.9	100

Graduate	49.5	34.7	14.8	50.5	100
College	47.1	33.2	13.9	52.9	100
Undergraduate	46.6	33.2	13.5	53.3	100
Graduate, higher	47.6	33.3	14.3	52.4	100

Notes: [1]Modern methods include pill, IUD, injection, diaphragm / foam/ jelly / cream, condom, female sterilization, male sterilization, mucus / billings / ovulation, temperature and LAM

[2]Traditional Methods include calendar / rhythm and withdrawal.

[3]Each household was classified into poor and non-poor based on the score that indicates the household's socio-economic standing. This score was calculated based on the responses in the FPS on the presence of housing conveniences.

Source: National Statistics Office, 2000 Family Planning Survey

5. Religion as a factor in FP method use affects only a very small number of women overall, although its role in Muslim areas (ARMM) is far more crucial than in the rest of the country.

Related to the socio-economic factors linked to preferences for FP methods or contraceptives, data from the 2001 National Family Planning Survey also showed that on the aggregate, the percentage of *women whose main reason for non-use was either their opposition to the use of contraception on religious grounds or prohibition by their **religion** comprised only about **6 percent***. However, in **ARMM**, the date showed that **46.3 % of women** who were not using any contraceptive method, cited prohibition by their religion as the main reason for their non-use of contraception. This explains why the CPR for ARMM has been consistently low, hovering between 13 percent and 18 percent based on data from the 1995 to 2001 rounds of the FPS."[5]

[5] National Statistics Office, 2001 Family Planning Survey: Final Report, 2001.

V. OTHER DETERMINANTS OF FAMILY PLANNING PRACTICE

1. Knowledge of family planning among women is virtually universal (90% or more). But the figures drop substantially when compared with the number of women who have ever tried an FP method. This finding could be indicative that what they know is insufficient for them to take action or that there are other factors which are more important in their decision to practice family planning.

Overall, most women have heard or are aware of at least one FP method. The methods with the highest recognition were pills, condom and female sterilization -- among all women, regardless of being married or not. It must also be noted that modern FP methods are also universally known which may be indicative of the success of the public communication efforts that have been undertaken by the program in the last 30 years.

But when the respondents were asked if they have used any family planning method even for once, the numbers dropped considerably, as shown below, with currently married women declining to around 69.4 percent while for all women, the numbers were even far more less – 43%. These findings suggest that perhaps the quality of information retained by the respondents about the different FP methods may not be adequate to at least make them confident enough to try out the FP method.

Table 4
Percent Distribution of currently married women by current contraceptive method used, By selected background characteristics, Philippines: 2000

Knowledge of Contraceptive Method	All Women	Currently Married Women
Know of Any Method	97.6	98.6
Have Used an FP Method	43.4	69.4
Know of a Modern Method	97	98
Ever Used a Modern Method	32.8	52.5

Source: 1998 National Demographic and Health Survey

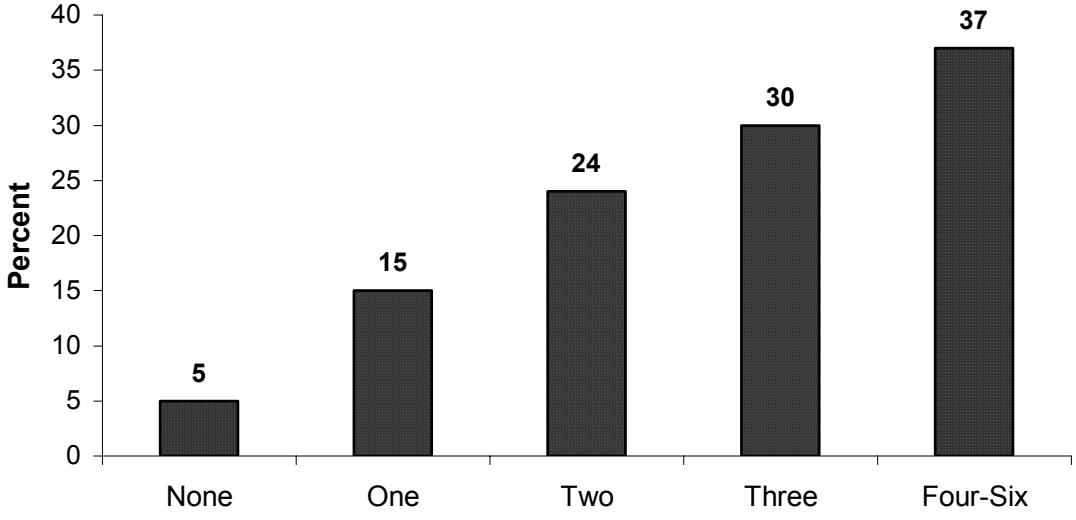
2. Looking at knowledge levels, in depth; it appears that the higher the level of knowledge such as knowing more than one method, the more likely it is for one to practice family planning. Better-informed persons are better able to make the choice of a method that suits them and to stick with their decision.

A nation-wide survey conducted by TRENDS-MBL, Inc., a market research agency in 1996 with a national sample survey of 1563 women found that the

greater the number of modern methods that women could spontaneously (unaided) recall, the greater the likelihood that they used modern contraceptives. According to D. Lawrence Kincaid, [6] "It is reasonable to assume that women are more likely to find a method that is suitable for them ("*hiyang*") if they are familiar with a greater number of methods. Knowledge and experience may also give them greater confidence with the method that they are currently using. "

In the figure provided below, women who know more than 4 to 6 different types of FP methods are twice likely to practice family planning than women who know of only one contraceptive. The data suggested that the more people learn, the better it is for the success of the FP program and that the quality of FP information and its comprehension by the program stakeholders must be made paramount in all future IEC interventions or programs.

Figure 7: CONTRACEPTIVE USE BY WOMEN AND UNAIDED RECALL OF MODERN METHODS

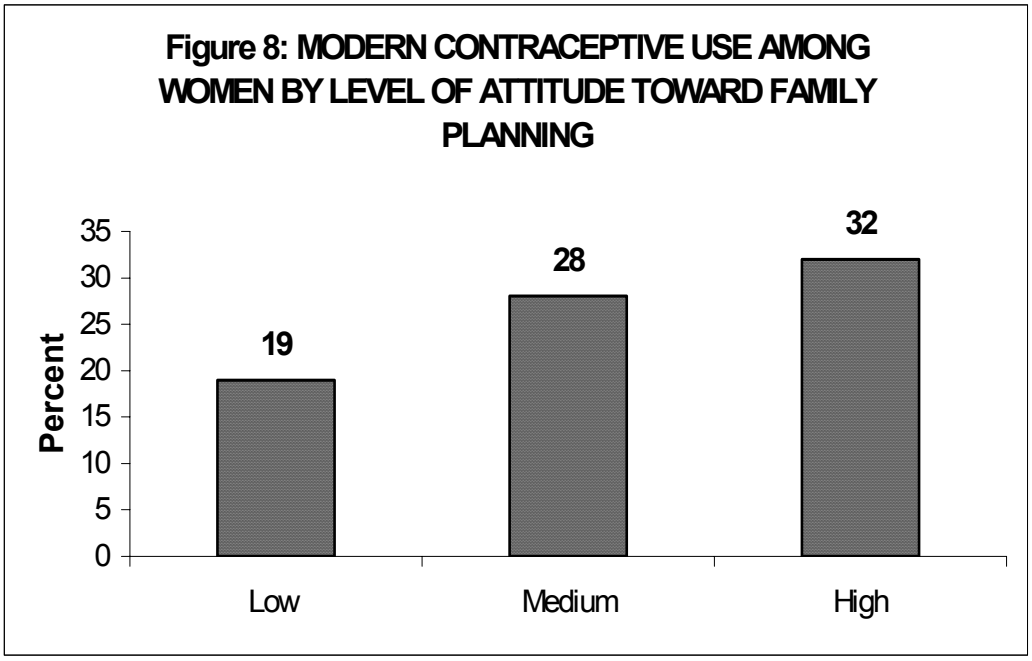


Source: JHU / CCP and Trends-MBL
Note: N=1563; p<.001

3. In terms of agreeing with FP principles and issues which they are exposed to, women who are in complete agreement with the issues or concerns of family planning or population policies are also more likely to practice family planning.

[6] D. Lawrence Kincaid, "WHY WOMEN IN THE PHILIPPINES PRACTICE FAMILY PLANNING: A QUALITATIVE AND QUANTITATIVE ANALYSIS," A paper prepared for the Assistant Secretary of Health, Philippines, September 23, 1998, and presented at a seminar on communication and family planning, Manila, August 2000.

In the JHUICCP and Trends MBL national survey cited above, the responses of the women to a series of 12 attitudinal statements on family planning were categorized as disagreed or unsure, agreed, or strongly agreed. When the answers to these twelve statements were summed to make a single overall attitude towards family planning, there was a substantial, statistically significant difference in terms of the use of modern contraceptive methods as seen in Figure 8:



Source: JHU / CCP & Trends-MBL.; N=1,563 women ages 15-49

4. Women who discuss family planning with their husbands are more likely to practice family planning; the practice of FP is also more likely among women with deeper understanding of fertility health issues.

Elma P. Laguna, et.al., in their study *Contraceptive Use Dynamics in the Philippines: Determinants of Contraceptive Method Choice and Discontinuation (2000)*[7], indicated the following issues related to contraceptive method choice:

- Women are also likely to choose modern methods if they discuss this more with their husbands. This would imply that their husband's approval do count a lot when they make a decision themselves about family planning.

[7] Elma P. Laguna, Anna Liza C. Po, Aurora E. Perez and Andrew Kantner, *Contraceptive Use Dynamics in the Philippines: Determinants of Contraceptive Method Choice and Discontinuation, Population Institute, University of the Philippines, Diliman Quezon City, October 2000*

- Women who correctly identify when they are most likely to be at risk of conception during their ovulatory cycle are more likely to use modern contraceptive methods, especially natural methods. This relates to the finding that highly educated women are more capable of handling relatively complex information compared to low-educated women.

5. The persistence of rumors on the negative effects of family planning has a discouraging effect on its adoption by the urban poor. In addition, beliefs persist among them of the economic value of having more children.

A study of the urban poor conducted in 2002 by NFO Trends for the Johns Hopkins University / Population Commission Services consisted of couples and their families in class D & E (most urban poor are either unemployed or underemployed with income ranging from P200 to P400 a day) in eight selected urban poor areas in Metro Manila that was part of a community based FP project of the DOH. The study reported that the practice of family planning is low among the poor because "they feel that their knowledge is inadequate, particularly on how to use the methods – proper application, timing, and other dos and don'ts. FP users already have an in initial knowledge of FP from other users. However, their interactions with others who have used FP contributes to the spread of misconceptions."[8]

These misconceptions regarding FP were identified as:

a) IUDs prick the penis or pierce the men's sexual organ during the intercourse;
b) Ligation is perceived to have side effects;
c) Use of pills results in the shrinking of women's breast;
d) Injectables cause low blood and blood spotting among women as well as the total ceasing of the menstrual cycle that results in the accumulation of rotten blood inside the uterus.

The urban poor non-FP user's lack of knowledge or inadequate information were described in the in-depth interviews with them in terms of the following:

- They lack personalized information from BHW or center staff on FP/IEC materials
- A measure of fear remains in urban poor non-users that FP methods lead to discomfort and cause dreaded diseases like cancer among women non-users.
- They lack knowledge on the FP methods

[8] NFO Trends, "Poverty, Health and FP Profile of the Metro Manila Urban Poor," prepared for the Johns Hopkins University, October, 2002.

- There are urban poor non-FP users who believe that it would be better to have children come one after the other while the parents are still young and can take care of the children. This is better than when to have them at intervals (due to spacing), and the parents become too old to take care of the children.
- Taking care of one child is the same as taking care of many. Others believe that raising many children may be cheaper because of hand-me-downs.

6. Concerns for their health and safety of FP methods is seen by users as among the reasons why they are not using a contraceptive method. This is consistently the biggest reason, after their decision to have another baby, why women do not practice family planning.

Data from two national surveys conducted over a 5-year period indicated that the negative perceptions of women regarding the safety issues of family planning methods appear to be the biggest stumbling block on their practice of family planning. We did not consider the desire for additional children (for the spacers) since this is a situational context and not as a permanent barrier such as a person's fear of side effects as a reason for not using a contraceptive such as pills or IUD, for example.

Taken together, the fear of side effects together with health concerns of women with regards to FP methods constitute the main issue against family planning and why many women are not using it. Religion or the opposition of the Catholic Church, for example, is not as formidable an opposition compared to women's concerns for the health safety of FP methods, overall.

Table 5
Reasons For Not Using Contraception Based on the 1993 and 1998 National Demographic and Health Surveys

Reasons for not using contraception	1993 NDHS	1998 NDHS
Fear of side effects	21.6	17.5
Health concerns	10	13.8
Respondent opposed	3.2	4.8
Inconvenient to use	2.1	1
Religious prohibition	4.8	4.8
Wants more children	20.1	20.4

Source: 1993, 1998 National Demographic and Health Surveys

7. Both wives and husbands also regarded the efficacy and safety of FP methods as among the most important attributes behind their choice of a contraceptive. In addition, approval of one's spouse was also cited as very important in the choice of an FP method.

In a study involving 480 couples in Munoz, Nueva Vizcaya (rural sample) and 300 couples in Manila (urban sample), the three most important criteria for FP methods cited by both rural and urban respondents were the effectiveness of the FP methods, approval of spouse and health side effects. When asked together, there is also mutual agreement among the couples that the health concerns and efficacy of the FP methods are the most important together with the approval of their spouse.

The efficacy of the FP methods and the safety issues involved can be taken together as the "scientific" information about the FP program that needs to be disseminated effectively. The data indicated that the concern for these type of information is still very high which may be due to the lack or inadequacy of dissemination efforts in the past. And this is true not only in the rural areas but in the urban areas as well.[9]

Table 6
Agreement Between Husbands and Wives on Importance of Specific Contraceptive Attributes

Attribute Seen As Very Important	Wives % view attribute as very important	Husbands % view attribute as very important	Couples % view attribute as very important
Effectiveness in preventing pregnancy	77.2	75.8	65
Approval of spouse	71.8	62.7	51
Health side effects of contraception	65.4	61.7	48
Effects on marriage	63	54.9	45.8
Ease of use	53	48.9	41.9
Acessibility of supplies / services	38.3	29.7	32.4

Source: Ann E. Biddlecom, et.al., May 1996.

8. Women who have gained higher economic and social status are also more likely to use family planning methods. Family planning practice can be considered part of their personal and social advancement beyond the traditional "stay at home" image of women in the past.

A study in the province of Iloilo conducted by the Social Science Research Institute of the Central Philippines University in 1995-1997 covered 1,100 married women of reproductive age, plus 50 key informants. The research also included nine pre-survey and 27 post-survey focus group discussions with women, men,

[9] Ann E. Biddlecom, John B. Casterline and Aurora E. Perez, "Men's and Women's Views of Contraception: A Study in the Philippines," presented at the 1996 Annual Meeting of the Population Association of America, New Orleans, Louisiana, May 1996.

community leaders, members of women's groups, and family planning service providers from both urban and rural areas.

Their findings showed that more than half (52.6 percent) of the women interviewed were using a modern contraceptive method. The use of FP method was associated with women who are working. Contraceptive use was also associated with vocational training, higher level of education, and professional advancement. Contraceptive users were more likely to be involved in community activities, such as Parent-Teacher Associations, beautification projects, religious and health activities.[10]

Women said community projects increased their satisfaction and sense of self-worth by expanding their realm of activity beyond the household. Contraceptive users were somewhat more satisfied with their lives than non-users. Similarly, users were more likely to share decision-making with their husbands about their work outside the home, travel outside the community, contraceptive use and childbearing.

9. As women's influence in decision-making in the household increase, so does her likelihood to adopt family planning method / contraceptive. Women who assert their role as co-partners in decision-making at home, tended to get their desire for fewer children more likely to be realized compared to those who are not as assertive.

A related study on women's influence in family decisions including family planning method use or choice was done by Tapales (1996)[11] on reproductive decision making among married couples. The study population consisted of 780 married couples from five barangays in Metro Manila and eight barangays from the province of Nueva Ecija. Her findings indicated that couples where the wife has power in more types of household decisions have fewer children than those who perceive less power. As the number of decisions over which the wife perceives she has more influence increases, so does her control over her fertility.

The study demonstrated that women who have more influence over household decisions apply that power to decision making within the reproductive realm by having fewer children. Power does not also need to be overt in order to be exercised. As the results of the study illustrate, power perceptions by the wife are influential in determining the couple's family size. The findings also indicate that the professional status of women in society does affect their status at home, implying that more and genuine empowerment policies by the private and public sectors are necessary to create a more egalitarian community. Traditional

[10] Social Science Research Institute, "Economic and Psychosocial Influence of Family Planning on the Lives of Women in Western Visayas," Central Philippines University in collaboration with the Women's Resource Center and the Family Planning Organization of the Philippines, 1997.
[11] Athena Tapales, "Who Really Decides? Reproductive Decision Making Among Married Couples in the Philippines", presented at the Population Association of America meeting, New Orleans, Louisiana, 1996

privileges and burdens are exchanged for increased sharing of responsibilities and decisions, among which includes reproduction.

10. The support of husband/ spouse evidently is crucial in women's decision to continue using an FP method. The husband's support or lack of it may affect how women are encouraged to continue or discontinue their use of an FP method.

According to Laguna, et.al.,[12] in their analysis of the 1998 National Demographic and Health Survey, two out of five women (40 percent) who use any FP method stop using the method after a year. This rate is higher than the 1993 figure of 34 percent. One explanation for this could be drawn from their analysis of various socio-cultural factors ; e.g., the support of partners or husbands encourages FP use while the reverse accounts for high number of discontinuance, etc

For example, in methods such as pills and injectables where rumors are rife about side effects, women are bound to be dropouts if their husbands disapprove. The opposite is true when the husband approves, the wife stays with the method despite the negative news that she may encounter.

The husband's pro-natalist position could also be a determining factor in the adoption or continuance of a wife in the use of an FP method. In conditions where the husbands want more children, the discontinuance rate also rises as the wife tries to conform to the wishes of her husband.

Table 7
Twelve-month Discontinuation Rates (DR) of Use of Contraceptive Methods (in months) by Selected Socio-Cultural Factors

Socio-Cultural Factors	Pill	IUD	Injectables	Condom	Rhythm	Withdrawal
Husbands approves of FP						
Yes	42.6	13.9	47.1	59.8	40.1	45.4
No	60.9	9.3	52.9	73.8	32.2	35
Discussed FP with partner						
Never	62.9	12.7	49.1	27.2	44.8	45.4
Once	37.8	14.5	50.2	61.2	19.9	44.4
Often	44.4	14	46.6	63.4	38.9	44.8
					16.4	
					40.8	
					15.6	
Husband desired number of children						
Same as wife	40.7	14.2	46.9	58.2	39.9	45.6
Wants more	47.2	14.7	56.2	64.1	40.8	43

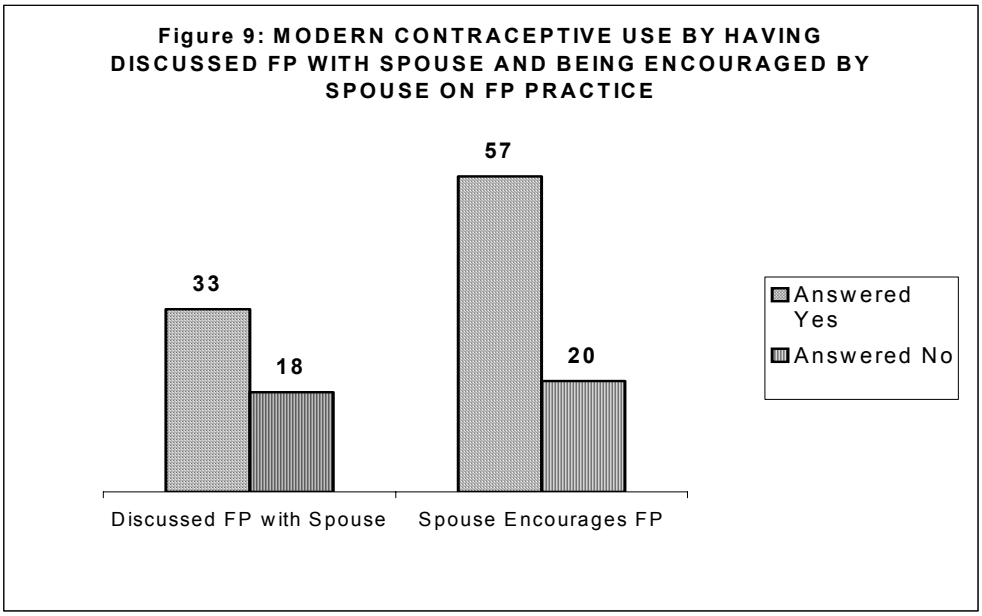
Source: 1998 National Demographic and Health Survey

[12] Elma P. Laguna, Anna Liza C. Po, Aurora E. Perez and Andrew Kantner , op. cit

Related to the findings on the influence of husbands cited above were similar findings from a study conducted by the Office of Population Studies, University of San Carlos in the province of Cebu (1995) [13] which covered more than 2,000 urban and rural women in the Metropolitan Cebu area who had a birth or pregnancy termination beginning in 1983. Following the survey, three in-depth ethnographic interviews (totaling five to seven hours) were conducted with a subset of 60 women to provide detailed information on women's decision-making processes. The findings showed only 12 percent of women saying they made autonomous decision when it came to deciding whether to use family planning. Among women who consulted their husbands, 25 percent said that in cases of conflict, the woman's decision prevailed, while 7 percent said the husband's will prevail. But in in-depth interviews, women told researchers that FP use was only secondary and what is important is good communication and negotiation with their spouse. The study concluded that, "Cebuano women viewed their marriages as pivotal to their lives."

In the national survey reported by Lawrence Kincaid (1996)[14] in a study that was mentioned previously, he said that the women were asked if they ever talked with their spouse/partner about family planning, and whether or not their partner ever encouraged them to practice family planning. Women who answer "yes" to these questions are much more likely to use a modern contraceptive than women who answer "no" (See Figure 9).

Figure 9: MODERN CONTRACEPTIVE USE BY HAVING DISCUSSED FP WITH SPOUSE AND BEING ENCOURAGED BY SPOUSE ON FP PRACTICE



Source: D. Lawrence Kincaid , "WHY WOMEN IN THE PHILIPPINES PRACTICE FAMILY PLANNING: A QUALITATIVE AND QUANTITATIVE ANALYSIS," A paper prepared for the Assistant Secretary of Health, Philippines, September 23, 1998.

[13] Office of Population Studies, "Cebu Longitudinal Follow-Up Study," University of San Carlos, the Women's Studies Project and Carolina Population Center, 1995.
[14] L. Kincaid, op,cit.

VI. MEN'S LOW PARTICIPATION IN FAMILY PLANNING

1. The lack of studies done at the national level on men and family planning has made it difficult to assess their overall KAP at this point. Existing studies using national survey data usually analyze the men's perspective through women's survey responses. Given this as a limitation, previous National Demographic and Health Surveys (NDHS) done in Southeast Asia showed that the use of FP methods among Filipino males is the lowest in the region.

The Commission on Population in its ***2000 State of the Philippine Population Report,*** admitted that, "Programs aimed at reducing population growth and total fertility have generally left men out of the picture. As principal targets of population programs, women have until recently borne much of the burden."

The data from the NDHS conducted in the Southeast Asian region indicated that the results of such neglect have a telling effect on the Filipino male's having the lowest use of FP methods when compared to his Asian counterparts.

What is more distressing is the relatively high numbers of Filipino males who are practicing traditional and unreliable means of contraception as against those who have been using condoms and vasectomy (Table 8).

Table 8
Use of Family Planning Methods Involving Men's Cooperation
Estimated Used Among Married Women of Reproductive Age (MWRA)

	% of MWRA				
Region, Country & Year	Any Method*	Condoms	Vasectomy	Withdrawal	Periodic Abstinence
ASIA PACIFIC					
Indonesia 1991	49.7	0.8	0.6	0.7	1.1
1994	54.7	0.9	0.7	0.8	1.1
Malaysia 1984	51.4	7.7	0.2	5.9	10
1988	48.3	5.6	NA	4.2	7
Philippines 1986	43.6	0.7	NA	8.7	8.5
1993	40	1	0.4	7.4	7.3
Thailand 1987	65.5	1.1	5.7	0.9	0.9
Vietnam 1988	53.2	1.2	0.3	7	8.1
1994	65	4	0.2	11.2	9.8

Source: Selected Surveys, 1987-1997 Demographic and Health Surveys (DHS)

2. Researches on Filipino males in terms of FP have been sporadic and have been generally small-scale; i.e., area studies or community surveys. The findings from these case studies is almost unanimous in saying that

male participation in FP is basically low and that Filipino males are indifferent to the issues related to fertility and reproductive health.

A study on male participation in reproductive health awareness in the province of Bukidnon by Sealza (1999)[15] conducted from 1997 to 1998 involved 226 married couples from the experimental area and 250 couples from the control barangays. The study reported the following low FP KAP of the husbands:

- The use of male contraception such as vasectomy is only, 3.6%
- More than half of the husbands did not know when it is not healthy for their wives to have a baby.
- Only 4 percent of husbands know that poor health, having more than 4 children and having undergone caesarian operation as unhealthy conditions for pregnancy too occur.
- A large number of traditional perceptions prevail specially in the area of the husband's supremacy in decision-making and achievement.
- Services for reproductive health, specifically for males, are not available, if not lacking in most government clinics.

Another study, this time of the urban poor, conducted by NFO Trends (2002)[16] for the Johns Hopkins University / Population Commission Services of eight urban poor communities in Metro Manila also showed the Filipino male's indifference to family planning.

Interviews conducted with male household members on their perceptions and behavior with regards to family planning revealed that, "With the exception of a few, men usually just mouth whatever their wives had told them. With the men, family planning seems an irrelevant issue that is not their concern. Nonetheless, males are amenable to the concept of family planning conceding to its benefits and realizing that it has direct implications on their role as providers for the family. But most males however are passive about the practice believing that it is the responsibility of the woman to seek ways not to get pregnant. This is on condition that the method chosen will not restrain them from sex whenever they want to or will not diminish the pleasure of having sex. Men reason that it is the woman's responsibility because she is the one who gets pregnant, she is the one who finds it hard and she is the one who has to tend to the growing up of the child. Among men family planning is not a hot issue to talk about or discuss. They make references about it, joke about it but do not talk about it seriously at length."

[15] Lita Palma-Sealza, "Male Participation Through Reproductive Health Awareness: A Baseline Study," *PSSC Social Science Information,* Vol. 27, No.2, July-December, 1999.
[16] NFO Trends, op.cit.

In a similar vein, Focus Group Discussion (FGD) studies of Filipino male participants from Metro Manila by McCann-Erickson Philippines in 1994[17] showed that there is a need to break the stereotypical thinking that health matters and family planning are outside of his area of concern. Their findings indicated that the male is not ready to admit he may be a part of the problem, much less a potential part of the solution. He does not feel personally accountable, he does not feel responsible, and is generally unmoved by injustice that does not directly touch his own circle of family and friends.

The Metro Manila male lives in a world where he believes he has more than his fair share of burden to bear. The rising cost of living, unemployment, corruption in government, crime and violence, and environment and pollution are the top five most pressing problems the country faces as far as he is concerned. The government is no help, he feels. He feels the pressure to constantly prove himself and perform and nothing he does is ever quite enough. To provide for his family, to give his children an education, to protect them from the crime and violence he sees around him – if he can manage that considering the odds he has to face, it should be more than sufficient.

3. Husbands' preference for a small family play a crucial role on whether their wives practice family planning. Which means that the more enlightened the males are to the need for family planning, the more likely will be for their wives to use FP.

A study that showed the male as an obstacle to FP because of his indifference to their wives desire to have less children was conducted by Casterline, et.al.,[18] covering 1,200 male and female respondents from Munoz, Nueva Ecija and another 780 respondents from the City of Manila.

Their findings indicated that women whose husbands prefer to postpone the birth of the next child are twice as likely to use FP contraceptives. On the other hand, women whose husbands would want to have a child soon are twice as likely not to practice FP contraception.

As indicated in the table below, 54% of women desiring to postpone their next birth and not using contraception have a husband who wants the next birth rather soon. On the other hand, 48% of women who are using contraceptives have their husband's agreeing or preferring that they postpone the next childbirth.

[17] McCann-Erickson Philippines, "Metro Manila Male Study,", July 1995.
[18] John B. Casterline, Aurora E. Perez and Ann E. Biddlecom, "Factors Underlying Unmet Need for Family Planning in the Philippines," presented at the Population Association of America, San Francisco, USA, April 6-8, 1995.

Table 9
Husband's fertility preferences by wives use of FP contraceptive

Husband's preference for next birth	WIVES WHO WANT TO POSPONE NEXT CHILDBIRTH	
	Using a contraceptive	Not using a contraceptive
Soon	25	54
Later	48	23
No more births	27	23
TOTAL	100	100

Source: John B. Casterline, et. Al., 1995

4. Men are generally unserved or underserved by the country's population program. Health facilities at the community and barangays levels cater exclusively to women's reproductive health needs. The absence of health facilities and counseling for men at community levels have added to the general belief that FP is a woman concern only.

A study by Lee (1999)[19] surveyed 41 reproductive health projects and identifying nine FP projects were men were involved. According to him, almost all interventions were undertaken in specific urban centers. Very few had a national, regional, provincial and/ or rural geographic focus. The men's participation in family planning interventions included attendance at mother's classes, counseling sessions or seminars, using condoms or vasectomy in a few cases, acting as community-based distributors or volunteer community-based educators and resource persons, or receiving information materials. The limits to men's participation were identified as:

- Most men think their role is only as an economic provider and see women's health purely as their wife's concern
- Using male family planning methods or attending health seminars were regarded as roles external to men.
- The engagement of many men in gambling, alcohol and womanizing or drug-taking were likewise considered hindrances.
- Most men cannot afford to lose a day's income to attend seminars or go for counseling
- Their work demands make men unable to have regular communication with their families
- The perception that majority were "Uninterested", "lazy" or "unconcerned", and more likely to gamble or drink on their days off.
- Many thought they were too old to be taught anything.
- Most men would not see the issues as problems or would say that they do not have the problem.

[19] Romeo B. Lee, "Men's Involvement in Women's Reproductive Health Projects and Programmes in the Philippines," *Reproductive Health Matters,* Vol, 7, No. 14, November 1999.

- Many men thought women's health projects and clinics were for women and children, and so only a few of them would participate or avail of services.

VII. REACHING THE YOUTH AT RISK

1. The fertility rates among young and adolescent females are on the rise putting at risk their health and well-being particularly for those with unplanned pregnancies that make them vulnerable to the dangers of abortion and the hardships of teen motherhood when "babies are taking care of babies".

The 1998 NDHS data reveal that adolescents contribute 30% to the overall fertility. Adolescent fertility particularly among those below 20 may be low but these young women, numbering 3.6 million, comprise 5.2% of the total population. Although the fertility of adolescent has generally declined, its contribution to the overall fertility decline has been increasing. From 1980 to 1996, this contribution has been steadily increasing from 27% to about 30%.

The Department of Health (DOH) statistics indicates that foetal deaths were more prevalent among young mothers, and that babies born by them are likely to have low birthweight. Furthermore, a survey of pregnancy termination in five regions of the country showed that the proportion of teenagers who had induced abortion (16.5%) was greater than those who had normal deliveries (11.5%) and spontaneous abortion (6.2%). Recent studies show that 74% of all estimated illegitimate births occurred within the 15-24 age group. Some 21% of these out of wedlock births were among the 15-19 age group, and 53% among the 20-24 age bracket.

The problem of teenage pregnancy is much more pronounced in rural areas particularly among women with little or no formal education as shown in Table 10.

Table 10
Percentage of Teenagers Age 15-19 Years Who are Mothers or Pregnant with Their First Child By Selected Characteristics

Characteristics	% Who are mothers	% Pregnant with first child	% Who have begun child bearing
Age			
15	0.3	0.2	0.5
16	0.8	0.8	1.6
17	3.6	1.4	5
18	7.8	2.6	10.5
19	17	4.2	21.3
Residence			
Urban	3.4	1.3	4.7
Rural	8.3	2.4	10.8
Education			
No education	17.3	0	17.3
Elementary	11.5	4.4	15.9
High School	4.5	1.2	5.7

College	3	1.5	4.5

Source: 1998 National Demographic and Health Survey.

2. Knowledge of family planning among the youth is quite low and perceived to be inadequate. Population education, which was supposed to provide FP information directed at youth in schools, have proven to be insufficient.

This finding on low knowledge of FP was shown in the 2001 Young Adult Baseline Survey[20] covering 494 college students age 15-24 years from five colleges and universities in Metro Manila. The study showed that, "Knowledge when pregnancy most likely to happen during a woman's menstrual cycle is still low among all the respondents. Seventy to seventy-nine percent state that it is the responsibility of both man and woman to ensure the use of contraception to protect the woman from getting pregnant whenever a heterosexual intercourse takes place."

According to Ogena[21], in her analysis of the results of the YAFS-1 data, "Family planning is included as a topic in Population Education (POP-ED) which has been institutionalized in Philippine schools' curricula since the 1970s…. (yet) about one in every three young women felt inadequate on their knowledge of the subject and desired more information on family planning. Pills (77.7%) and condoms (59.0%) were claimed to be the best known methods while rhythm (51.3%)sterilization procedures (45.4%) were the least known. Data on knowledge about safe and unsafe periods of the menstrual cycle (crucial for the use of the rhythm method) reveal that claims of knowing the method was not associated with sufficient practical knowledge on non-risk periods. This knowledge of risk periods improved with formal lessons on family planning, although the percentages remain quite low."

3. Large numbers of young people expressed tolerance regarding pre-marital sex and that a substantial number have actually engaged in sex between the ages of 16-18

The Filipino Youth Study 2001[22] covering a total of 1,200 13-21 years old nation-wide showed the following attitudes that would relate to the youth's fertility behavior:

- 41% are open to the prospect of pre-marital sex

[20] Josefina V. Cabigon, 2001 Young Adult Baseline Survey, University of the Philippines' Population Institute, December 2001.
[21] Nimfa B. Ogena, "How Are Filipino Youths Changing", Media Dialogue on the Changing Lifestyles of the Filipino Adolescents, Philippine Council for Population and Development (PCPD) and the UP Population Institute,
[22] NFO Trends, Inc., "Filipino Youth Study 2001", Philippine Province of the Society of Jesus, August 22, 2001.

- One out of four are already sexually experienced
- 40% have a girlfriend or boyfriend at the time of the interview
- By age 16-18, 34% have experienced more than one relationship with the opposite sex
- When with their boyfriend or girlfriend, one out of two go out by themselves without company.

Another nation-wide survey, the McCann Youth Study 2000 Edition[23] covering 900 respondents aged 13-21 years old from urban areas in Luzon, Visayas and Mindanao also found out that the young have more liberal views on sex and morality as indicated by the following findings of the study:

- Less than half would personally say that hiring a prostitute, having a girlfriend/ wife get an abortion, getting drunk and homosexuality is wrong.
- Only about half would personally consider things like premarital sex, phone or internet sex, and gambling heavily as outright wrong.
- Forty percent do not see wrong in divorce/ separation, marital infidelity, pornography and abortion.

4. More and more young people are rushing into sexual relations heedless of the risks and without the protection afforded by contraceptive use. Lack of adequate knowledge on reproductive health matters and FP methods is the rule rather than the exception. The use of contraceptives is generally limited to condoms and withdrawal and even these are only used by a minority of the sexually active youth.

Cheryl Vila and Aurora Perez[24], in a secondary analysis of the 1993 National Demographic Survey and the 1998 NDHS noted that among the sexually active women, there is a considerable gap between the first sex intercourse which for today's youth (ages 15-24) is at 18 + years old and the first use of a contraceptive at age 19+ or a gap of more than one year thus making these women vulnerable to unwanted pregnancy at an early age,

The data also showed that today's youthful generation are engaging in sex at 18 years old as compared to their older counterparts whose average first sexual intercourse is at age 21. (Table 11)

[23] McCann-Erickson Philippines, "Youth Study 2000 Edition," The Strategic Planning Department, May 2001.
[24] Cheryl Tigno-Vila and Aurora E, Perez, "The Timing of First Births Among Young Adults in the Philippines," *PSSC Social Science Information*, Vol.28, No.2, July-December 2000.

Table 11
Mean Age at First Sexual Intercourse and Mean Age at First Contraceptive Use Among all Ever-Married Women

Age Group	First Sexual Intercourse		First Contraceptive Use		Gap in Years 1993	Gap in Years 1998
	1993	1998	1993	1998		
15-24	18.4	18.2	20.2	19.7	-1.9	-1.5
25-39	20.8	21.1	25.0	24.7	-4.2	-3.6
40-49	21.3	21.4	28.4	26.8	-7.1	-5.4

Source: 1993 and 1998 National Demographic and Health Surveys.

The Commission on Population in its State of the Philippine Population Report for 2000 said that about 1.8 million Filipino males and 670,000 females age 15-24 are already sexually active. The report profiled the adolescents and young adults in terms of the following characteristics:

- More than one third (36 percent) of young women conceived before marriage.
- Out-of-school youths – estimated at 5.5 million, mostly concentrated in urban areas – face a higher risk of teenage pregnancy, sexually transmitted diseases and complications from abortions.
- Many adolescents engage in premarital sex without adequate knowledge about means of avoiding pregnancy and sexually transmitted diseases.
- Of those who are sexually active, 74 percent do not use any form of contraception; also 78 percent of males have never used a condom and 60 percent of them have had commercial sex.

.Lacson, et.al. (1997)[25] in a study of 1,295 male (44% of sample) and female (56% of sample) students from two universities in Metro Manila found out that in general, males are more active when compared to females of the same age at a ratio of 3:1. Most males are sexually active by age 18. (Table 12)

In terms of FP use, only 38% of the respondents said that they have adequate knowledge on the proper use of condoms which showed a wide disparity with the number of young men who even in their teens (60.6%) are sexually active. The implication of this is clear, large numbers of today's teen males are placing themselves at risk to sexually transmitted diseases (STD) and unwanted pregnancies of their female partners who (if at the same age level) would be non-FP users themselves as we have discussed previously.

[25] Romel Saulog Lacson, Theocharis R. Theocharis. Robert Strack, Francisco S. Sy, Murray L. Vincent, Trinidad S. Osteria and Pilar Ramos Jimenez, "Correlates of Sexual Abstinence Among Urban University Students in the Philippines," *International Family Planning Perspectives,* Vol. 23, Issue 4 (December 1997).

Table 12
Percentage Distribution of Urban University Students by Selected Characteristics According to Sexual Experience

Variables	Sexual Experience
Sex	
Male	75.6
Female	24.4
Age	
18 or below	60.6
above 18	39.4
Condom knowledge	
Inadequate	62.0
Adequate	38.0

Source: Romel S. Lacson, et.al., "Correlates of Sexual Abstinence Among Urban University Students in the Philippines," (December 1997).

In a review of FP studies on adolescents, Berja (1999)[26] noted the following features that give serious concern on the sexual behavior of young males, to wit:

- Ninety percent (90%) of sexual encounters of young males are unprotected. Even their sexual encounters with commercial sex workers are also unprotected (78%).
- Among the contraceptive users, the most popular methods are withdrawal and condom. Boys reported a higher level of contraceptive use than girls. However, their first sexual encounter was more protected than the subsequent ones.
- The highly educated sexually active male is 30% more likely to use contraceptive during a sexual encounter than one who had an elementary education.
- Among boys, 22% would have lost their virginity at 18, and 45% at age 21; compared to girls where 8% lost their virginity at 18 and 18% by age 21.
- 18% of the youth were engaging in premarital sex: 26% among males and 10% among females.

[26] Calrinda L. Berja, "Communication and Advocacy Strategies in Adolescent Reproductive and Sexual Health: Case Study Philippines," UNESCO PROAP Regional Clearing House on Population, Education and Communication, Bangkok, Thailand, 1999.

VIII. HEALTHCARE PROVIDERS: NEED FOR CUSTOMER-ORIENTED APPROACH

1. The people generally get their FP supplies and / or services from government hospitals and health stations at the barangay level. The quality of that service has often been suspect because of government's notoriety for inefficiency and corruption.

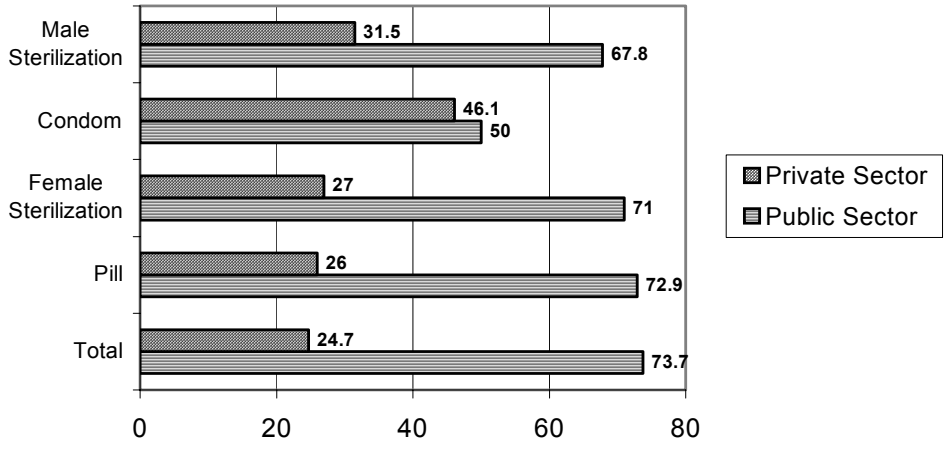
The public sector is the major source of modern contraceptives (Figure 10). Three out of four women (73.7 %) currently using a modern contraceptive method obtain their supplies from the public sector. In contrast, only one out of four women (24.7%) obtain her supply from a private source.

Government hospitals (25.4%), rural health units/urban health centers (26.5%) and barangay health stations (19.6%) are the leading sources of supply within the public sector. Only 2.2 percent of women obtain their supplies from the barangay service point officers/health workers.

The private sector, wherein the pharmacies and private hospitals/clinics are the more popular sources, provides supplies to almost a quarter (24.7%) of users of modern methods. In particular, 37.2 percent of condom users obtain their supply from pharmacies.

Moreover, three in ten men (30.7%) who have had vasectomy had their operation in private hospitals/clinics. One-fourth or 24.7 percent of the women who have been ligated had their operation also in private hospitals/clinics.

Figure 10: USERS OF MODERN CONTRACEPTIVES BY SOURCES OF FP CONTRACEPTIVES / SUPPLY



Source: NSO, 2000 Family Planning Survey

For example, the training on FP provided to the nurses and midwives who manned the FP centers or units (the Basic Comprehensive Course in Family

Planning) conducted by the DOH with UNFPA assistance have been riddled with major gaps based on an evaluation conducted in 1993. According to Miralao (1994),[27] of the nurses and midwives trained:

- 34 percent could not name four advantages of oral contraceptives;
- 59 percent could not list five early pill danger signs;
- 38 percent could not name three modern methods of natural family planning
- 47 percent could not describe how to identify when ovulation has occurred using banal body temperature.

The role of NGO's in providing FP services had been looked at seriously due to the problems affecting these government FP centers/ units which have not been well regarded by many clients or have actually been deficient in making their clients come back for return visits. The quality of service provided by the healthcare provider make them quite popular even if clients have to pay for services. For example, in a study by Lamberte (1999)[28] covering 1,025 family planning users in 6 cities, the clients were more pleased with the services provided by NGOs.

According to the study findings, the "NGOs received higher ratings in many quality of care indicators from their family planning clients than public sector facilities. This implied satisfaction in spite of paying for services. Respondents gave high ratings to:

- friendliness of the staff
- staff competence
- privacy
- cleanliness of the clinic
- anonymity
- availability/ regularity of the supplies
- distance of the facility from work
- waiting time
- length of clinic hours
- variety of services

[27] Virginia Miralao, "Family Planning Studies in the Philippines: A Review and Synthesis," Philippine Social Council and the Population Council, February 1994.
[28] Exaltacion Lamberte, Roy Brooks and Mark Sherman, "Understanding Provider Choice of Family Planning Clients: Consumer Intercept Study, The Policy Project, March 1999.

2. Studies of health care providers nation-wide have generally been lacking in terms of their FP KAP so it would be difficult to generalize at this point; however, there are localized studies that seemed to indicate that the healthcare provider in government run clinics, given the training, would be competent and motivated to provide good or effective FP services to clients.

A survey of family planning volunteer workers by David and Chin (1993)[29] in Iloilo City covering 106 BSPOs and 106 BHWs showed the need for the proper training and guidance of volunteer workers in the field in order to come up with better delivery of family planning services. For example, the study found out that the volunteer workers have fairly good knowledge about family planning as well as open-mindedness and favorable attitudes. In terms of FP practice, 100 BSPOs and the 95 BHWs who were or had been married practiced contraception.

Correlations linking various factors to the volunteer's performance identified the BSPO/BHW attendance at an FP training as the largest positive influence on their work with clients such as counseling and follow-up visits. This suggested that investments in human resource development (HRD) such as personnel training may result in sustained patterns of contraceptive use.

3. There is a sense among healthcare providers that the FP services should be expanded to include the "missing" services/ information materials for men and youth. This would imply that healthcare providers are conscious of the shortcomings of the program at their level and what needs to be done.

A nation-wide study using FGDs and key interviews of healthcare staff of health service clinics in Luzon, Visayas and Mindanao conducted by Costello, et.al (2001)[30] showed that the respondents see as primary problem areas or gaps, the lack of IEC facilities/ materials particularly for men and youth; the lack of medical equipment and supplies; as well as the heavy workload of too many patients. (Table 12)

[29] Fely David and Fely Chin, "An analysis of the Deteriminants of Family Planning Volunteer Workers' Performance in Iloilo City," *Philippine Population Journal,* Volume 9, Numbers 1-4, 1993.
[30] Marilou Costello, Virginia Miralao, Ma. Teresa Manganar, and Saniata Masulit, "A Rapid Field Appraisal of Reproductive Health Care Needs and Available Reproductive Health Services in the Philippines," Population Council and the Philippine Social Science Council, February 2001.

Table 13
Assessment of Health Systems by Service Providers

Issues	Service providers N=44
Lack of personnel and too many patients (public)	19
Lack of supplies, equipment, medicine/ facilities (public)	26
Inadequate services/ lack of IEC/ counseling especially for men and youth/ dental/ infertility (public)	40
Congested; lack space, long queues in public facilities	6
Lack of time/ overloaded. Heavy responsibilities in public facilities	6
Lack of training/ trained personnel (public)	8

Source: Marilou Costello, et.al., , "A Rapid Field Appraisal of Reproductive Health Care Needs and Available Reproductive Health Services in the Philippines,", February 2001

IX. INFLUENTIALS AND OPINION LEADERS: STRENGTHENING POLICY SUPPORT

1. Politicians who may be supportive are somewhat wary of family planning because of the conventional thinking that it will cost them votes from the Catholic Church. A lobbying effort is need to translate their support into concrete policy action.

The Philippine Legislators Committee on Population and Development (PLCPD) conducted a political mapping of the awareness of the population problem among members of the 11th Congress and identified the following results:[31]

- 87% cited rapid population as the main symptom of the population problem.
- 57% said lack of education is the main cause of overpopulation
- 55% believe an intensive information education campaign will solve the problem
- 51% said poverty is a cause of overpopulation
- 81 % support the teaching of reproductive health in high school
- 79% favor the setting up of offices in local governments to project a strong population management program.

The caveat, however, is that members of Congress (House of Representatives) are elected every three years and that many members of the 11th Congress have been replaced by newcomers in the present 12th Congress.

2. The lack of systematic studies on the FP KAP of Influentials and Opinion Leaders had been a glaring omission that we have found out in this study. Except for the PLCPD study mentioned above, we do not have any data on the perceptions and thinking of today's congressional leaders, local government executives, members of media and religious and NGO leaders with regards to family planning. Having said that, people at the community level appeared to be disappointed with their local government leaders with regards to the latter's weak support for family planning

Costello, et.al., (2002)[32] in their study, which have been cited previously, also asked the target audiences about their perceptions of their local government officials vis-à-vis their support for family planning. Their findings indicated that people in the community see very little support for FP or reproductive health services from their local leaders. (Table 13)

[31] PLCPD, "A Political Mapping of Legislators on Human Development and Population Concerns," Philippine Legislators' Committee in Population and Development, Foundation, Inc.
[32] Marilou Costello, Virginia Miralao, Ma. Teresa Manganar, and Saniata Masulit,, op.cit.

Table 14
Informants' Perception Regarding Local Level Support to Health Programs By Category of Respondents

Responses	Married respondents	Unmarried respondents
Government officials are supportive of general health projects, but not particularly of Reproductive Health	12	0
Some support for health but priority are food production, infrastructure, others	8	5
Reproductive Health has least priority	0	7

Source: Marilou Costello, et,al., op.cit

X. SUMMARY AND CONCLUSION

This situational analysis looked at the present levels of Knowledge, Attitudes and Practices with regards to family planning of various stakeholders and key target groups namely: women, men, youth, service providers, policy makers and influentials. We have come across a number of researches over the last ten years or so on family planning in the Philippines but it turned up that these were largely about women. This is quite a revelation considering that the Philippine Population Management Program (PPMP) has been going on for more than 30 years yet its research or information data base had not kept pace with the evolution of the programme itself --- what with population and development, the devolution of health services, the Cairo Declaration --- just to name some of the landmark changes that the PPMP had been through since the creation of the Commission on Population (POPCOM) in the 1970's.

Based on the information that we have gathered so far, it is still possible though to draw up a picture of the PPMP in terms of its impact in the lives of Filipinos --- women, men and youth; as well as provide some insights on how the key groups of health service providers, policy makers and influentials can be mobilized to achieve the strategic objectives of PPMP based on the goals set by the United Nations in its ICPD review in 1999 which are:

- 60% of primary health care and Family Planning facilities offering the widest achievable range of safe and effective FP methods in place by 2005; 80% by 2010 and 100% by 2015;
- reduction by half of any gap between the proportion of individuals using contraceptives and those desiring to space or limit their families by 2005; by 75% by 2010 and by 100% by 2015;
- at least 90% of young men and women aged 15 to 24 having access to preventive methods by 2005; 95% by 2010.

These targets call for no less than a national commitment to make family planning an integral part of the Filipinos' way of life. A basic premise of PPMP is the improvement of the quality of life of each and every citizen and it is essential then to consider the achievement of these goals as part of the national effort to break the bonds of poverty and ignorance that have ensnared the larger number of our people to a life of destitution. Thus, the success of the PPMP is also the success of millions of our countrymen in bringing about a new hope for economic and social emancipation for themselves and their families. It is this sense of mission, that the end result of family planning is not just the adoption or use of a contraception; but the ultimate value of taking personal control of one's life toward a more productive and, hopefully, more brighter future particularly for the country's poor.

By way of looking through the FP researches that have been conducted through the past decade, we can perhaps take stock of how the PPMP account for itself in terms of contributing its share in improving the lives of ordinary Filipinos? The picture cannot be complete or 100% accurate because the data that we have may be limited but nonetheless, some trends or patterns can be observed that have a bearing on how the PPMP has affected the lives of its various stakeholders.

A. The family planning program had not made any substantial gains among the ranks of the poor – women who are in most need of the services that government FP centers and units are supposed to provide for free just to encourage FP contraceptive use.

1) National Demographic and Health Surveys (NDHS) and the series of Family Planning Surveys conducted by the National Statistics Office (NSO) provide ample evidence that women from poor households are less likely to be using family planning contraceptives. One reason proposed by research studies such as Kincaid (1998), NFO Trends (2002), for example, is the lack of adequate knowledge which may be needed for one to be confident enough to try the contraceptive or to dispel rumors about side-effects that easily come their way.

2) Pro-natalist attitudes and beliefs persist among the poor regarding the economic uses or value of having many children. Such beliefs are often belied by the fact that children are at the receiving end of malnutrition and diseases brought about by poverty and thus making them less productive than what their misguided parents assumed.

3) Poverty, lack of education, lack of opportunities to improve oneself and consequent domination by their spouses are formidable barriers confronting the poor that directly affect their non-use of FP methods.

4) There are still vast numbers of women from poor household which make use of traditional methods that are unreliable and cumbersome. Beset by the low level of education among the poor, the use of such methods as rhythm which requires knowledge of the ovulatory cycle, for example, would be highly prone to error.

B. The resurgence of traditional methods such as rhythm and withdrawal is a step back for the PPMP because it brings us farther away from the goal of achieving 60% of safe and reliable methods by 2005.

1) The National Family Planning survey of 2001 showed that the only significant increase in the contraceptive prevalence rate is the growth from 9.5 % to 10.7% of rhythm and 4.8% to 5.7% growth of withdrawal users compared to 2000. The fact that these methods are hard to comply with and unreliable to say the least, makes millions of women vulnerable to the risk of unwanted pregnancies.

2) The growth among traditional FP users is brought about by the persistently high level of negative information or rumors regarding the modern methods such as the pills and IUD. Studies for example by Biddlecom (1996), NFO Trends, and NDHS surveys indicate that fear of side effects and health safety are always mentioned by people as their reasons for not using FP contraceptives or for dropping out.

3) Paradoxically, highly educated women who went through college are also users of traditional methods in big enough numbers. This is borne out by the Family Planning surveys which consistently showed a big enough group of educated and non-poor women (10%++) who use traditional methods such as rhythm and withdrawal. The issue of health safety and fear of side effects may also be a contributory factor here; for the educated women with a range of choices and the technical capability or skill to handle the natural family planning method or the modernized version of rhythm, it may be the more acceptable method than face the risks of side effects from pills or IUD.

C. The use of a family planning contraceptive is more likely when the spouse or husband approves or supportive of the woman's decision. It is evident that family planning is better sustained when spouses are in agreement or supportive of each other.

1) What emerged from the studies done on husband-wife communication with regards to family planning is that the husband's approval or support of his wife's use of FP contraceptive helps ensure continued contraceptive use. This is indicated in studies conducted by Biddlecom (1996), Laguna (2000), OPS (1995), Kincaid (1998) which came up with the common finding that husbands who are for pro-family planning are the best way to get wives to practice family planning on a continued basis. On the other hand, husbands with pro-natalist views or are against their wives' use of family planning contraceptives generally get their way in having their wife stop from using family planning altogether.

2) As it turned out, husbands are as concerned with the health and safety issues of FP contraceptives as much as their wives (Biddlecom:1996) which makes them a receptive audience for the "scientific" issues and information dissemination activities for modern FP methods. Thus

reproductive health materials on both males and females should also be directed at male audiences in order to create a better environment of acceptance for all modern family planning methods not just for the male-specific methods such as condoms or vasectomy.

D. The use of FP methods for many women have been emancipatory, freeing them to do activities outside their household chores and giving them a sense of self-respect and feeling of being able to control their own lives.

1) In studies by the SSRI (1997), Tapales (1996), women who think that they are in control of their own destiny and able to assert their rights in decision making at home are also more likely to use contraceptive methods. For these women, FP have provided them with a break from childbearing and household chores that could be better served through income generating activities or in improving themselves outside of the home.

2) The full potential for improving women's social and economic status as a consequence or desired outcome of family planning could be a powerful message that can win the hearts of women, particularly among the poor, where poverty and ignorance have relegated women to a diminished position in home and community affairs. The use of FP have had direct impact for example, on women's expanded activities in business and industry where women in the labor force have become a common enough occurrence throughout the country, particularly in the urban areas.

E. Men must be mainstreamed into the PPMP given their lack of involvement in family planning per se and the influence they play in the decision of their spouses to practice family planning.

1) The use of FP methods by men had been dismally low when compared with women's levels of contraceptive usage. This very low participation rate is indicative that for most men, FP is exclusively a domain for women and the conventional attitude is to leave such matters to their wives. This seeming irresponsibility or failure to involve themselves in fertility decisions involving their own families and/or action is the biggest stumbling block to men's participation in family planning. The Cairo Declaration, for one, emphasize the need to involve men in family planning matters and must therefore be manifest in the PPMP IEC thrusts in the future and in the re-tooling of its clinic services offered to the public.

2) The fact that men have nowhere to go to for counseling and services regarding their own reproductive health problems and concerns is also a formidable block to men's involvement. Studies such as Lee (1999), Sealza

(1999) pointed to the gaping lack of facilities for men that discourage them from making use of existing FP clinics in their area. This would require the re-tollng of existing clinic services, information programs and provision of supplies and equipment to handle men's needs in government FP centers and units.

3) Creating a favorable opinion or support for family planning among menfolk is crucial in ensuring the continuity of FP use among wives since men can directly influence whether their wife practices family planning or not. Men should constitute a distinct and separate audience for FP motivation and education and that their own needs with regards to family planning information must be closely attended to.

F. There is a high risk sector among the youth that are sexually active but are not being served right now by the FP counseling and services that are available in government FP centers and units.

1) There has been considerable debate on how to tackle the issue of unbridled sexuality among the youth. One conventional approach is to just ask them to abstain and wait till they grow older or get married. But this approach is unrealistic given our findings from the series of national youth surveys that showed considerable number of our young people who have been active sexually but are without the understanding or means to protect themselves with reliable FP contraception. What is imperative then is to re-assess and act upon this gap in the provision of FP services to groups among the youth that are highly at risk.

2) The Population Education (Pop-Ed) program in the elementary and high school grade levels had turned out to be inadequate in equipping our young people with the knowledge and skills to deal with their sexuality. In retrospect, the lack of comprehensive and systematic programs to reach out to the youth, have been neglected by the PPMP thinking that the Pop-Ed program is doing its job. The necessary step in addressing the problem is to overhaul the existing Pop-Ed program from just providing information on sexuality and re-focus on providing life skills for youth to better handle their personal relationships in the future.

3) The young males tended to be more sexually active than their female counterparts and need special attention in terms of FP information and provision of contraceptive counseling and services particularly in their teens. The same services and counseling should be made available to female teen-agers. This is a sensitive issue since even the talk of sex for teenagers is taboo in many circles. What is needed is to craft appropriate vehicles and modalities by which male teen-agers can be reached effectively since according to the YFS 2001 study, about one-third go with multiple partners,

and are therefore, most vulnerable to STDs and AIDS aside from the risk of making their girlfriends/ partners pregnant.

G. Government health service providers suffer from the lack of support by local governments whose priority is not reproductive health and by low public esteem.

1) The perceptions of government FP clinics by the public were low and they would prefer NGO run clinics even if they have to pay for its services. This is indicative of the deterioration of the quality of services by government run facilities, which still constitute the majority of service or FP suppliers that our people rely on especially the poor. The fact that public FP facilities turn-off prospective clients or consumers is a matter of grave concern for the PPMP given its 2005 target of making available to 60% of the population safe and reliable FP methods through its public clinics nation-wide.

2) The kind of training that the DOH had been conducting for FP clinic nurses and midwives have been riddled by major gaps in the knowledge and competence on FP that was supposed to be absorbed by the trainees. Evaluation studies as reported by Miralao (1994) indicated that nurses and midwives have major gaps in their understanding of FP methods and procedures even after undergoing the DOH- managed FP training. This would require a good deal of institutional strengthening on the part of PPMP since the nurses and midwives constitute the "public face" of FP and any undue criticism on them could boomerang on the PPMP as a whole.

3) The trend in today's service industry is "customer satisfaction" and the FP clinics are by themselves service units that must continually strive to develop satisfactory customer rating from FP clients or stakeholders. This is a new mindset that may not be easily adopted in a government bureaucracy but the FP clinics must learn the lessons from the private sector on how to develop and hold on to customers (stakeholders) if they want to remain relevant and needed in the future.

H. Policy makers and influentials must take concrete action to stem the country's uncontrolled population growth and to actively promote the implementation by government, at all levels, of a rational and comprehensive FP plan of action.

1) Policy makers are knowledgeable about the basic issues of population and its role in the country's national development but these do not translate easily into policy actions since politicians are fearful of losing votes with the Catholic Church. This is a situation that needs finesse and one-to-one

lobbying effort directed at key personalities that can ensure the passage of helpful legislation in support of the PPMP. Direct advocacy or lobbying efforts should also be extended to local government officials whose role is made more crucial in the implementation of FP activities because of the devolution of health services to local government units at the provincial and municipal levels.

2) Social mobilization through networking efforts aimed at influential sectors of mass media, business and the NGO community must also be mounted in support of PPMP. What is critical is to provide a regular and adequate flow of information and feedback between the PPMP and other sectors of society and to align the FP program goals and activities with the common ideals of fighting poverty and alleviating the suffering of the country's masses. In short, the FP program must find common cause with the rest of our government and the private sector as a major component or tool for alleviating the country's social and economic problems.

XI. RECOMMENDATIONS FOR FURTHER RESEARCH

7. Create parallel databases on the KAP of stakeholders such as men, youth, service providers and policy-makers similar to the national demographic and health surveys and family planning surveys that have primarily focused on women needs and concerns. The sheer lack of time-series data involving nation-wide samples from these stakeholders have made it difficult to chart their progress or lack of progress with regards to the program activities and goals of the Philippine Population Management Program (PPMP). It is also important that emphasis should be given for priority research funding for such type of studies instead of small-scale or area studies that may be useful for their insights but lack the generalizability that policy-makers and decision makers look for when it is time for them to evaluate the program; e.g., presentation in Congress, planning for national information campaigns, cost-effectiveness studies of FP activities and projects, etc.

8. Develop more accurate and in-depth measures of FP KAP status as these are included in National Demographic and Health Surveys (NDHS) and Family Planning Surveys or periodic census of the population. It has been observed that the measures for Knowledge in the NDHS is confined merely to the respondents recall of one FP method or recognition of one method with the assistance of the interviewer. This is a very flimsy indicator of Knowledge and is not supported by the research literature in communication studies. What is called for is to convene a KAP standards committee that will formulate a set of questions on FP KAP that can in turn be used as a common reference for future NDHS or FP surveys.

9. Having said that baseline or national data bases on men, youth, service providers and policy makers should be given top priority, the research agenda should also include in-depth or case studies focusing on emerging and new issues regarding the various stakeholders. What seems to be missing at this point are ethnographic or culture based studies that can explain why FP for example is very successful in Region II or Cagayan Valley as contrasted with other parts of the country such as Region IV or Southern Tagalog where the population growth rate is at its highest. There is also the seeming paradox of why highly educated and economically better-off women continue to use traditional methods of contraception when they have all the information and resources available to make their choice from a wide range of more reliable and medically safe FP methods such as pills and IUD, for example.

10. More studies, both quantitative and qualitative (case studies) should be done on the Filipino male and the conflicts that they confront with regards to their support and practice of family planning. As indicated in the studies we have reviewed , the Filipino nascent “machismo” mentality is a factor that not only makes them indifferent to importuning from their wives or other people with

regards to family planning but also opposed to the very idea of limiting their number of children even if poverty and the challenge of raising a big family constantly stares them at the face. Some lessons can be learned here from commercial marketing of products directed at male consumers which are highly successful in reaching out to them. For several years now, a USAID sanctioned private initiative to sell condoms in the open market have been conducted in the major cities such as Metro Manila and it is perhaps, opportune to take a serious looks at the outcomes and impact of this program as it may help to define for us the Filipino male psyche and how this can be accessed to for FP programs in the future.

11. The urban poor appears to be the bane and future opportunity for the PPMP. It is where the program had failed to live up to its expectations considering that FP practice among the poor is the lowest among the socio-economic groups. This is ironic since the urban poor are locate in population centers where you have the greater concentration of health services, health personnel and communications. In the country's biggest city, Quezon City, about half of the residents are estimated to belong to the urban poor and large numbers of them reside in the two other biggest cities of Manila and Caloocan. They are literally in the backyard of the DOH and yet the FP program does not have much to say about its impact in these urban poor communities. Renewed effort must be exerted by way of action research programs that look at how the urban poor could fully embrace the very idea of limiting their number of children as a means of liberating themselves through better economic opportunities and quality of life. If the target is to get 50% of the population to practice FP by 2005, then the urban poor have the numbers to help the PPMP make the crucial turn-around.

12. Policy advocacy research on FP is a missing link in present efforts to mobilize the country in support of the PPMP and its strategic goals. Current efforts have been limited to the activities of the PLCPD based in the House of Representatives and its efforts in getting FP supportive legislation have not been successful. There should be a careful analysis of the reasons behind PLCPD's failure and to build from it into developing a broader based advocacy program that includes not only the legislative but also the Executive and the Judiciary as well as leading members of the business community, NGOs and mass media. The case in point here is the fate of the reproductive rights bill that have been languishing in Congress since the time of former President Fidel V. Ramos. A new tack needs to be developed that may not necessarily push for the passage of the bill in its present form but in more diffused versions and incorporated into existing legislative vehicles such as the amendments to the Local Government Code or in local legislations at the provincial, city and municipal levels.

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